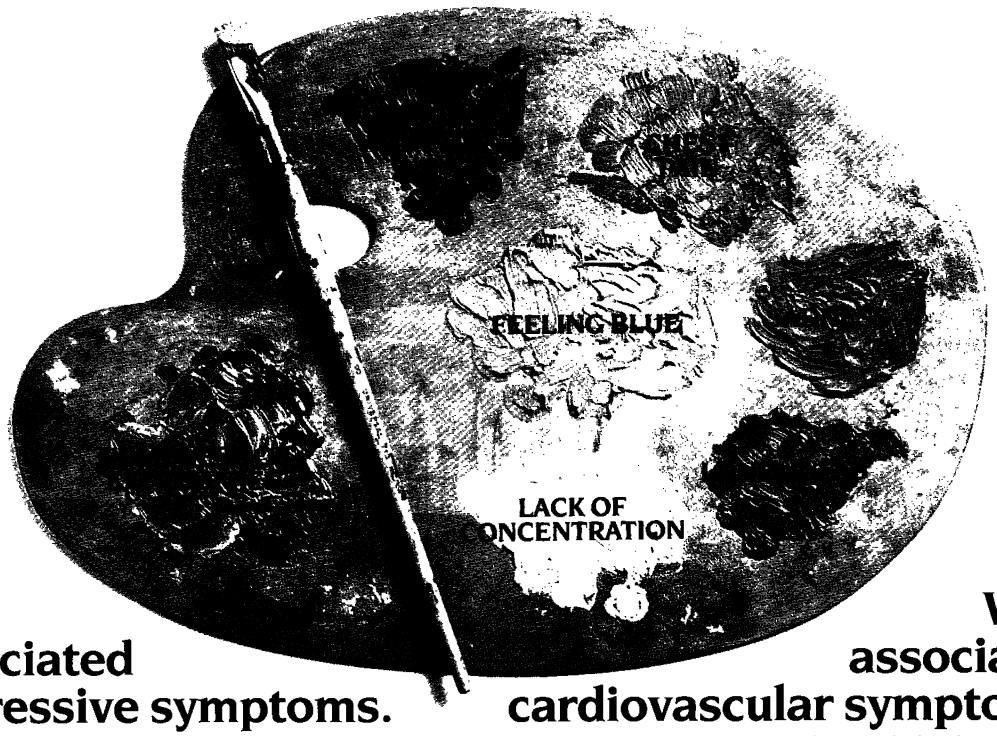
The portrait of anxiety

Upjohn

The Upjohn Company
Kalamazoo, Michigan 49001 USA

Please see adjacent page for brief summary of prescribing information

is often complicated



With associated depressive symptoms.

In double-blind, four-week clinical trials in 632 patients with moderate to severe anxiety, therapy with XANAX was compared with placebo.

XANAX was significantly more effective ($P<.001$) than placebo in relieving the anxiety, with over half of the patients showing marked to moderate improvement by the first evaluation period (one week).

In addition, over 70% of these patients experienced associated moderate to severe depressed mood. XANAX was shown to be significantly more effective ($P<.014$) than placebo in improving the associated depressed mood.

With associated cardiovascular symptoms.

Almost 60% of patients in the study had anxiety with associated cardiovascular symptoms even though cardiovascular disease had been ruled out. XANAX was shown to effectively relieve anxiety including the associated cardiovascular symptoms.

XANAX, the first of a unique class—the triazolobenzodiazepines.

- *Well tolerated*—Side effects, if they occur, are generally observed at the beginning of therapy and usually disappear with continued medication. Drowsiness and light-headedness were the most commonly reported adverse reactions.
- *Sustained efficacy*—No reported increase in dosage during 16-week clinical study, once an appropriate dosage was achieved. Since long-term effectiveness of XANAX has not been established, it is recommended that it not be used for longer than 16 weeks.
- *Simple dosage*—0.25 to 0.5 mg t.i.d.

TABLETS 0.25, 0.5 & 1 MG

Xanax®

alprazolam IV

for the relief of complicated anxiety

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VASOTEC®

(ENALAPRIL MALEATE | MSD)

For a Brief Summary of Prescribing Information, please see next page of this advertisement.

J6VS18R

VASOTEC

(ENALAPRIL MALEATE | MSD)

Contraindications: VASOTEC® (Enalapril Maleate, MSD) is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Warnings: *Angioedema:* Angioedema of the face, extremities, lips, tongue, glottis, and/or larynx has been reported in patients treated with ACE inhibitors, including VASOTEC. In such cases, VASOTEC should be promptly discontinued and the patient carefully observed until the swelling disappears. In instances where swelling has been confined to the face and lips, the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL), should be promptly administered.** (See ADVERSE REACTIONS.)

Hypotension: Excessive hypotension is rare in uncomplicated hypertensive patients treated with VASOTEC alone. Heart failure patients given VASOTEC commonly have some reduction in blood pressure, especially with the first dose, but discontinuation of therapy for continuing symptomatic hypotension usually is not necessary when dosing instructions are followed; caution should be observed when initiating therapy. (See DOSAGE AND ADMINISTRATION.) Patients at risk for excessive hypotension, sometimes associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death, include those with the following conditions or characteristics: heart failure, hyponatremia, high-dose diuretic therapy, recent intensive diuresis or increase in diuretic dose, renal dialysis, or severe volume and/or salt depletion of any etiology. It may be advisable to eliminate the diuretic (except in heart failure patients), reduce the diuretic dose, or increase salt intake cautiously before initiating therapy with VASOTEC in patients at risk for excessive hypotension who are able to tolerate such adjustments. (See PRECAUTIONS, *Drug Interactions* and ADVERSE REACTIONS.) In patients at risk for excessive hypotension, therapy should be started under very close medical supervision and such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart disease or cardiovascular disease in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident. If excessive hypotension occurs, the patient should be placed in supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses of VASOTEC, which usually can be given without difficulty once the blood pressure has stabilized. If symptomatic hypotension develops, a dose reduction or discontinuation of VASOTEC or concomitant diuretic may be necessary.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Foreign marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Precautions: *General: Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including VASOTEC, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20% of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when VASOTEC has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of the diuretic and/or VASOTEC may be required.

Evaluation of patients with hypertension or heart failure should always include assessment of renal function. (See DOSAGE AND ADMINISTRATION.)

Hyperkalemia: Elevated serum potassium (> 5.7 mEq/L) was observed in approximately 1% of hypertensive patients in clinical trials. In most cases these were isolated values which resolved despite continued therapy. Hyperkalemia was a cause of discontinuation of therapy in 0.28% of hypertensive patients. In clinical trials in heart failure, hyperkalemia was observed in 3.8% of patients, but was not a cause for discontinuation.

Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with VASOTEC. (See *Drug Interactions*.)

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients:

Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with enalapril is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions:

Hypotension: Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide close medical supervision after the initial dose for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and DOSAGE AND ADMINISTRATION.)

Agents Causing Renin Release: The antihypertensive effect of VASOTEC is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: VASOTEC has been used concomitantly with beta-adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine, prazosin, and digoxin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: VASOTEC attenuates potassium loss caused by thiazide-type diuretics. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia, they should be used with caution and with frequent monitoring of serum potassium. Potassium-sparing agents should generally not be used in patients with heart failure receiving VASOTEC.

Lithium: A few cases of lithium toxicity have been reported in patients receiving concomitant VASOTEC and lithium and were reversible upon discontinuation of both drugs. Although a causal relationship has not been established, it is recommended that caution be exercised when lithium is used concomitantly with VASOTEC and serum lithium levels should be monitored frequently.

Pregnancy—Category C: There was no fetotoxicity or teratogenicity in rats treated with up to 200 mg/kg/day of enalapril (333 times the maximum human dose). Fetotoxicity, expressed as a decrease in average fetal weight, occurred in rats given 1200 mg/kg/day of enalapril but did not occur when these animals were supplemented with saline. Enalapril was not teratogenic in rabbits. However, maternal and fetal toxicity occurred in some rabbits at doses of 1 mg/kg/day or more. Saline supplementation prevented the maternal and fetal toxicity seen at doses of 3 and 10 mg/kg/day, but not at 30 mg/kg/day (50 times the maximum human dose).

Radioactivity was found to cross the placenta following administration of labeled enalapril to pregnant hamsters.

There are no adequate and well-controlled studies in pregnant women. VASOTEC® (Enalapril Maleate, MSD) should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Milk in lactating rats contains radioactivity following administration of ^{14}C enalapril maleate. It is not known whether this drug is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when VASOTEC is given to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Adverse Reactions: VASOTEC has been evaluated for safety in more than 10,000 patients, including over 1000 patients treated for one year or more. VASOTEC has been found to be generally well tolerated in controlled clinical trials involving 298 / patients.

Hypertension: The most frequent clinical adverse experiences in controlled trials were: headache (5.2%), dizziness (4.3%), and fatigue (3%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in controlled clinical trials were: diarrhea (1.4%), nausea (1.4%), rash (1.4%), cough (1.3%), orthostatic effects (1.2%), and asthenia (1.1%).

Heart Failure: The most frequent clinical adverse experiences in both controlled and uncontrolled trials were: dizziness (7.9%), hypotension (6.7%), orthostatic effects (2.2%), syncope (2.2%), cough (2.2%), chest pain (2.1%), and diarrhea (2.1%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in both controlled and uncontrolled clinical trials were: fatigue (1.8%), headache (1.8%), abdominal pain (1.6%), asthenia (1.6%), orthostatic hypotension (1.6%), vertigo (1.6%), angina pectoris (1.5%), nausea (1.3%), vomiting (1.3%), bronchitis (1.3%), dyspnea (1.3%), urinary tract infection (1.3%), rash (1.3%), and myocardial infarction (1.2%).

Other serious clinical adverse experiences occurring since the drug was marketed or adverse experiences occurring in 0.5% to 1% of patients with hypertension or heart failure in clinical trials in order of decreasing severity within each category:

Cardiovascular: Myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high-risk patients (see WARNINGS, *Hypotension*); cardiac arrest; pulmonary embolism and infarction; rhythm disturbances; atrial fibrillation; palpitation.

Digestive: Ileus, pancreatitis, hepatitis or cholestatic jaundice, melena, anorexia, dyspepsia, constipation, glossitis.

Nervous/Psychiatric: Depression, confusion, ataxia, somnolence, insomnia, nervousness, paresthesia.

Urogenital: Renal failure, oliguria, renal dysfunction (see PRECAUTIONS and DOSAGE AND ADMINISTRATION), prostate hypertrophy.

Respiratory: Bronchospasm, rhinorrhea, asthma, upper respiratory infection.

Skin: Herpes zoster, pruritus, alopecia, flushing, photosensitivity.

Other: Muscle cramps, hyperhidrosis, impotence, blurred vision, taste alteration, tinnitus.

A symptom complex has been reported which may include fever, myalgia, and arthralgia; an elevated erythrocyte sedimentation rate may be present. Rash or other dermatologic manifestations may occur. These symptoms have disappeared after discontinuation of therapy.

Angioedema: Angioedema has been reported in patients receiving VASOTEC (0.2%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with VASOTEC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In the hypertensive patients, hypotension occurred in 0.9% and syncope occurred in 0.5% of patients following the initial dose or during extended therapy. Hypotension or syncope was a cause for discontinuation of therapy in 0.1% of hypertensive patients. In heart failure patients, hypotension occurred in 6.7% and syncope occurred in 2.2% of patients. Hypotension or syncope was a cause for discontinuation of therapy in 1.9% of patients with heart failure. (See WARNINGS.)

Clinical Laboratory Test Findings:

Serum Electrolytes: Hyperkalemia (see PRECAUTIONS), hyponatremia.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials, minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.2% of patients with essential hypertension treated with VASOTEC alone. Increases are more likely to occur in patients receiving concomitant diuretics or in patients with renal artery stenosis. (See PRECAUTIONS.) In patients with heart failure who were also receiving diuretics with or without digitalis, increases in blood urea nitrogen or serum creatinine, usually reversible upon discontinuation of VASOTEC and/or other concomitant diuretic therapy, were observed in about 11% of patients. Increases in blood urea nitrogen or creatinine were a cause for discontinuation in 1.2% of patients.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g % and 1.0 vol %, respectively) occur frequently in either hypertension or heart failure patients treated with VASOTEC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1% of patients discontinued therapy due to anemia.

Other (Causal Relationship Unknown): In marketing experience, rare cases of neutropenia, thrombocytopenia, and bone marrow depression have been reported.

Liver Function Tests: Elevations of liver enzymes and/or serum bilirubin have occurred.

Dosage and Administration: *Hypertension:* In patients who are currently being treated with a diuretic, symptomatic hypotension occasionally may occur following the initial dose of VASOTEC. The diuretic should, if possible, be discontinued for two to three days before beginning therapy with VASOTEC to reduce the likelihood of hypotension. (See WARNINGS.) If the patient's blood pressure is not controlled with VASOTEC alone, diuretic therapy may be resumed.

If the diuretic cannot be discontinued, an initial dose of 2.5 mg should be used under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, *Drug Interactions*.)

The recommended initial dose in patients not on diuretics is 5 mg once a day. Dosage should be adjusted according to blood pressure response. The usual dosage range is 10 to 40 mg per day administered in a single dose or in two divided doses. In some patients treated once daily, the antihypertensive effect may diminish toward the end of the dosing interval. In such patients, an increase in dosage or twice-daily administration should be considered. If blood pressure is not controlled with VASOTEC alone, a diuretic may be added.

Concomitant administration of VASOTEC with potassium supplements, potassium salt substitutes, or potassium-sparing diuretics may lead to increases of serum potassium (see PRECAUTIONS).

Dosage Adjustment in Hypertensive Patients with Renal Impairment: The usual dose of enalapril is recommended for patients with a creatinine clearance >30 mL/min (serum creatinine of up to approximately 3 mg/dL). For patients with creatinine clearance ≤30 mL/min (serum creatinine ≥3 mg/dL), the first dose is 2.5 mg once daily. The dosage may be titrated upward until blood pressure is controlled or to a maximum of 40 mg daily.

Heart Failure: VASOTEC is indicated as adjunctive therapy with diuretics and digitalis. The recommended starting dose is 2.5 mg once or twice daily. After the initial dose of VASOTEC, the patient should be observed under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, *Drug Interactions*.) If possible, the dose of the diuretic should be reduced, which may diminish the likelihood of hypotension. The appearance of hypotension after the initial dose of VASOTEC does not preclude subsequent careful dose titration with the drug, following effective management of the hypotension. The usual therapeutic dosing range for the treatment of heart failure is 5 to 20 mg daily given in two divided doses. The maximum daily dose is 40 mg. Once-daily dosing has been effective in a controlled study, but nearly all patients in this study were given 40 mg, the maximum recommended daily dose, and there has been much more experience with twice-daily dosing. In addition, in a placebo-controlled study which demonstrated reduced mortality in patients with severe heart failure (NYHA Class IV), patients were treated with 2.5 to 40 mg per day of VASOTEC, almost always administered in two divided doses. (See CLINICAL PHARMACOLOGY, *Pharmacodynamics and Clinical Effects*.) Dosage may be adjusted depending upon clinical or hemodynamic response. (See WARNINGS.)

Dosage Adjustment in Heart Failure Patients with Renal Impairment or Hyponatremia: In heart failure patients with hyponatremia (serum sodium <130 mEq/L) or with serum creatinine >1.6 mg/dL, therapy should be initiated at 2.5 mg daily under close medical supervision. (See DOSAGE AND ADMINISTRATION, *Heart Failure*, WARNINGS, and PRECAUTIONS, *Drug Interactions*.) The dose may be increased to 2.5 mg b.i.d., then 5 mg b.i.d. and higher as needed, usually at intervals of four days or more, if at the time of dosage adjustment there is not excessive hypotension or significant deterioration of renal function. The maximum daily dose is 40 mg.

For more detailed information, consult your MSD representative or see Prescribing Information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19486. J6VS18R(815)

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Placebo-like side effect profile at the 1 mg dose

Real-life benefits with TENEX® (Guanfacine HCl)

1 mg Tablets

When more than a thiazide diuretic is needed

A·H ROBINS

The following is a brief summary only. Before prescribing, see complete prescribing information in Tenex product labeling.

Contraindications: Tenex is contraindicated in patients with known hypersensitivity to guanfacine hydrochloride.

Precautions: ***General.*** Like other antihypertensive agents, Tenex (guanfacine hydrochloride) should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal or hepatic failure.

Sedation. Tenex, like other orally active central alpha-2 adrenergic agonists, causes sedation or drowsiness, especially when beginning therapy. These symptoms are dose-related (see Adverse Reactions). When Tenex is used with other centrally active depressants (such as phenothiazines, barbiturates, or benzodiazepines), the potential for additive sedative effects should be considered.

Rebound. Abrupt cessation of therapy with orally active central alpha-2 adrenergic agonists may be associated with increases (from depressed on-therapy levels) in plasma and urinary catecholamines, symptoms of "nervousness and anxiety" and, less commonly, increases in blood pressure to levels significantly greater than those prior to therapy.

Information for Patients. Patients who receive Tenex should be advised to exercise caution when operating dangerous machinery or driving motor vehicles until it is determined that they do not become drowsy or dizzy from the medication. Patients should be warned that their tolerance for alcohol and other CNS depressants may be diminished. Patients should be advised not to discontinue therapy abruptly.

Laboratory Tests. In clinical trials, no clinically relevant laboratory test abnormalities were identified as causally related to drug during short-term treatment with Tenex (guanfacine hydrochloride).

Drug Interactions. No specific adverse drug interactions have been identified, but the potential for increased sedation when Tenex is given with other CNS-depressant drugs should be appreciated.

Anticoagulants. Ten patients who were stabilized on oral anticoagulants were given guanfacine, 1–2 mg/day, for 4 weeks. No changes were observed in the degree of anticoagulation.

In several well-controlled studies, guanfacine was administered together with diuretics with no drug interactions reported. In the long-term safety studies, Tenex was given concomitantly with many drugs without evidence of any interactions. The principal drugs given (number of patients in parentheses) were: cardiac glycosides (115), sedatives and hypnotics (103), coronary vasodilators (52), oral hypoglycemics (45), cough and cold preparations (45), NSAIDs (38), antihyperlipidemics (29), antigout drugs (24), oral contraceptives (18), bronchodilators (13), insulin (10), and beta blockers (10).

Drug/Laboratory Test Interactions. No laboratory test abnormalities related to the use of Tenex (guanfacine hydrochloride) have been identified.

Carcinogenesis, Mutagenesis, Impairment of Fertility. No carcinogenic effect was observed in studies of 78 weeks in mice at doses more than 150 times the maximum recommended human dose and 102 weeks in rats at doses more than 100 times the maximum recommended human dose. In a variety of test models guanfacine was not mutagenic.

No adverse effects were observed in fertility studies in male and female rats.

Pregnancy Category B. Administration of guanfacine to rats at 70 times the maximum recommended human dose and rabbits at 20 times the maximum recommended human dose resulted in no evidence of impaired fertility or harm to the fetus. Higher doses (100 and 200 times the maximum recommended human dose in rabbits and rats respectively) were associated with reduced fetal survival and maternal toxicity. Rat experiments have shown that guanfacine crosses the placenta.

There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Labor and Delivery. Tenex (guanfacine hydrochloride) is not recommended in the treatment of acute hypertension associated with toxemia of pregnancy. There is no information available on the effects of guanfacine on the course of labor and delivery.

Nursing Mothers. It is not known whether Tenex (guanfacine hydrochloride) is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Tenex is administered to a nursing woman. Experiments with rats have shown that guanfacine is excreted in the milk.

Pediatric Use. Safety and effectiveness in children under 12 years of age have not been demonstrated. Therefore, the use of Tenex in this age group is not recommended.

Adverse Reactions: Adverse reactions noted with Tenex (guanfacine hydrochloride) are similar to those of other drugs of the central α-2 adrenoreceptor agonist class: dry mouth, sedation (somnolence), weakness (asthenia), dizziness, constipation, and impotence. While the reactions are common, most are mild and tend to disappear on continued dosing.

Skin rash with exfoliation has been reported in a few cases; although clear cause and effect relationships to Tenex could not be established, should a rash occur, Tenex should be discontinued and the patient monitored appropriately.

In a 12-week placebo-controlled, dose-response study the frequency of the most commonly observed adverse reactions showed a clear dose relationship from 0.5 to 3 mg, as follows:

Adverse Reaction	Assigned Treatment Group				
	Placebo	0.5 mg	1.0 mg	2.0 mg	3.0 mg
n=	73	72	72	72	72
Dry Mouth	5 (7%)	4 (5%)	6 (8%)	8 (11%)	20 (28%)
Somnolence	1 (1%)	3 (4%)	0 (0%)	1 (1%)	10 (14%)
Asthenia	0 (0%)	2 (3%)	0 (0%)	2 (2%)	7 (10%)
Dizziness	2 (2%)	1 (1%)	3 (4%)	6 (8%)	3 (4%)
Headache	3 (4%)	4 (3%)	3 (4%)	1 (1%)	2 (2%)
Impotence	1 (1%)	1 (1%)	0 (0%)	1 (1%)	3 (4%)
Constipation	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)
Fatigue	3 (3%)	2 (3%)	2 (3%)	5 (6%)	3 (4%)

There were 41 premature terminations because of adverse reactions in this study. The percent of patients who terminated and the dose at which they terminated were as follows:

Dose:	Placebo	0.5 mg	1 mg	2 mg	3 mg
Terminated:	6.9%	4.2%	3.2%	6.9%	8.3%

Reasons for dropouts among patients who received guanfacine were: somnolence, headache, weakness, dry mouth, dizziness, impotence, insomnia, constipation, syncope, urinary incontinence, conjunctivitis, paresthesia, and dermatitis.

In a second placebo-controlled study in which the dose could be adjusted upward to 3 mg per day in 1-mg increments at 3-week intervals, i.e., a setting more similar to ordinary clinical use, the most commonly recorded reactions were: dry mouth 47%, constipation 16%, fatigue 12%, somnolence 10%, asthenia 6%, dizziness 6%, headache 4%, and insomnia 4%.

Reasons for dropouts among patients who received guanfacine were: somnolence, dry mouth, dizziness, impotence, constipation, confusion, depression, and palpitations.

In the clonidine/guanfacine comparison described in Clinical Pharmacology, the most common adverse reactions noted were:

	Guanfacine (n=279)	Clonidine (n=278)
Dry mouth	30%	37%
Somnolence	21%	35%
Dizziness	11%	8%
Constipation	10%	5%
Fatigue	9%	8%
Headache	4%	4%
Insomnia	4%	3%

Adverse reactions occurring in 3% or less of patients in the three controlled trials were:

Cardiovascular—	bradycardia, palpitations, substernal pain
Gastrointestinal—	abdominal pain, diarrhea, dyspepsia, dysphagia, nausea
CNS—	amnesia, confusion, depression, insomnia, libido decrease
ENT disorders—	rhinitis, taste perversion, tinnitus
Eye disorders—	conjunctivitis, iritis, vision disturbance
Musculoskeletal—	leg cramps, hypokinesia
Respiratory—	dyspnea
Dermatologic—	dermatitis, pruritus, purpura, sweating
Urogenital—	testicular disorder, urinary incontinence
Other—	malaise, paresthesia, paresis

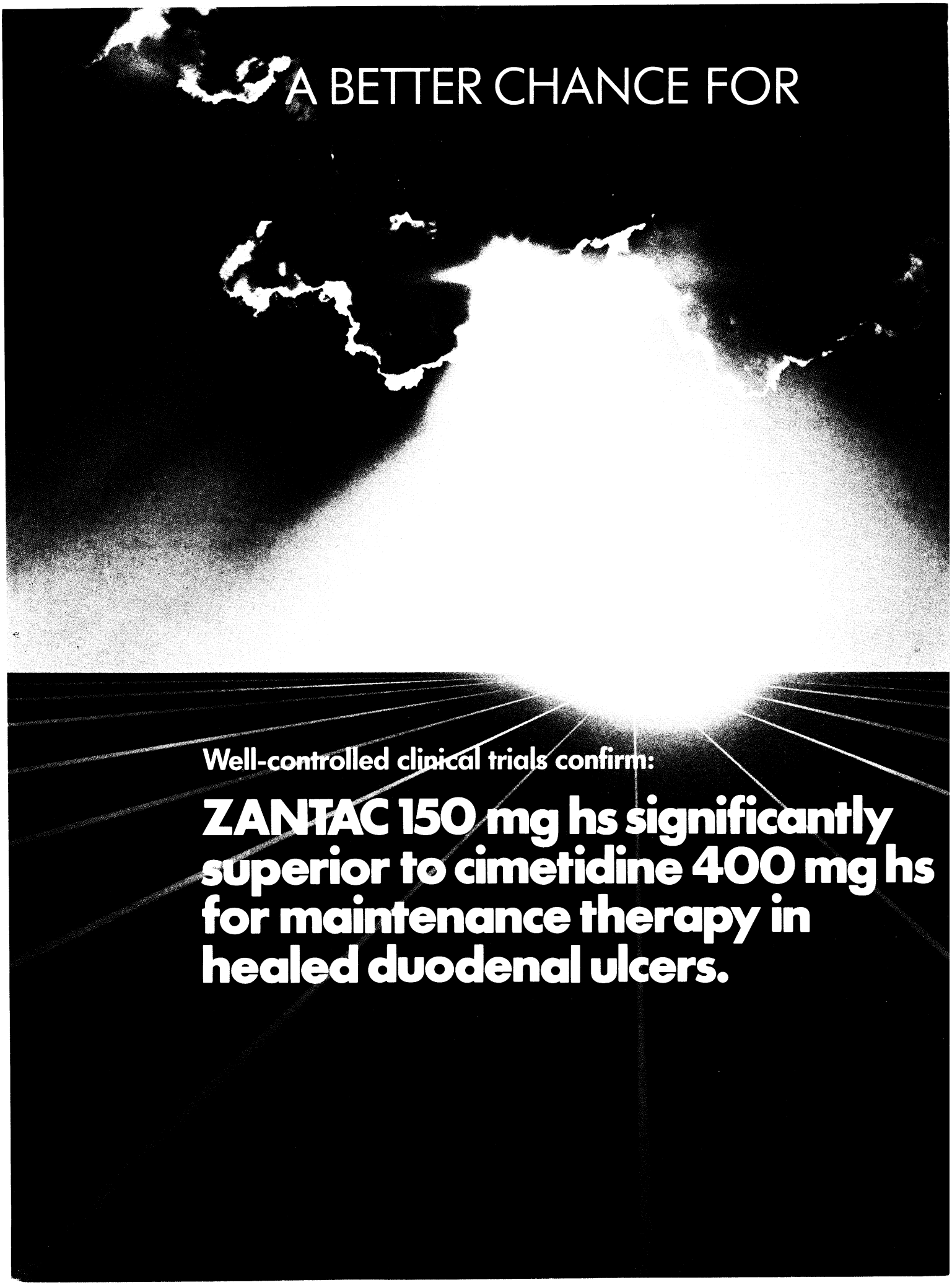
Adverse reaction reports tend to decrease over time. In an open-label trial of one year's duration, 580 hypertensive subjects were given guanfacine, titrated to achieve goal blood pressure, alone (51%), with diuretic (38%), with beta blocker (3%), with diuretic plus beta blocker (6%), or with diuretic plus vasodilator (2%). The mean daily dose of guanfacine reached was 4.7 mg.

Adverse Reaction	Incidence of adverse reactions at any time during the study	Incidence of adverse reactions at end of one year
N	580	580
Dry mouth	60%	15%
Drowsiness	33%	6%
Dizziness	15%	1%
Constipation	14%	3%
Weakness	5%	1%
Headache	4%	0.2%
Insomnia	5%	0%

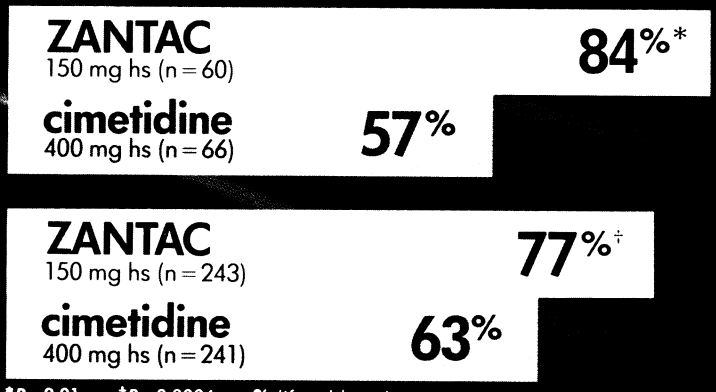
There were 52 (8.9%) dropouts due to adverse effects in this 1-year trial. The causes were: dry mouth (n = 20), weakness (n = 12), constipation (n = 7), somnolence (n = 3), nausea (n = 3), orthostatic hypotension (n = 2), insomnia (n = 1), rash (n = 1), nightmares (n = 1), headache (n = 1), and depression (n = 1).

Rev May 1988

A.H. Robins Company 1988 Richmond, Virginia 23261-6609


A BETTER CHANCE FOR
Well-controlled clinical trials confirm:
ZANTAC 150 mg hs significantly superior to cimetidine 400 mg hs for maintenance therapy in healed duodenal ulcers.

Percent of patients ulcer-free after 1 year of therapy



*P = 0.01 †P = 0.0004 % life-table estimates

All patients were permitted prn antacids for relief of pain.
Adapted from Silvis[1] and Gough.[2]

These two trials[1,2] used the currently recommended dosing regimen of cimetidine (400 mg hs) and ranitidine (150 mg hs). A comparison of other dosing regimens has not been studied.
The studied dosing regimens are not equivalent with respect to the degree and duration of acid suppression or suppression of nocturnal acid.
The superiority of ranitidine over cimetidine in these trials indicates that the dosing regimen currently recommended for cimetidine is less likely to be as successful in maintenance therapy.

Zantac® 150

ranitidine HCl/Glaxo 150 mg tablets hs

Glaxo/ ROCHE

See next page for references and Brief Summary of Product Information.

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BuSpar relieves anxiety and returns your patient to normal activity

...with no more sedation (10%) than induced by placebo (9%)[1]
...without inducing significant cognitive[2] or functional impairment*
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BuSpar®

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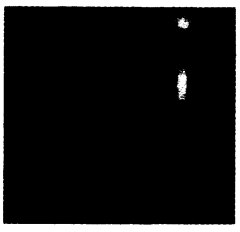
(buspirone HCl)



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*Because the effects of BuSpar in any individual patient may not be predictable, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that BuSpar treatment does not affect them adversely.

For Brief Summary, please see following page.

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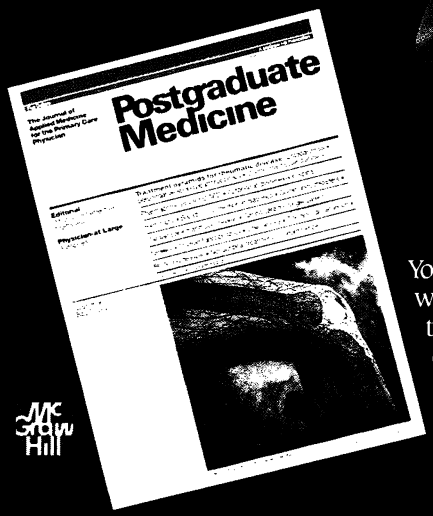

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Aspirin and other nonsteroidal anti-inflammatory drugs weaken mucosal defenses, which may lead NSAID users to become prone to duodenal ulcers.[1] For those NSAID users who do develop duodenal ulcers, CARAFATE® (sucralfate/Marion) is ideal first-line therapy. Carafate rebuilds mucosal defenses through a unique, nonsystemic mode of action. Carafate enhances the body's natural healing ability while it protects damaged mucosa from further injury. So the next time you see an arthritis patient with a duodenal ulcer, prescribe nonsystemic Carafate: therapy for the ulcer-prone patient.

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Please see brief summary of prescribing information, and reference on adjacent page.

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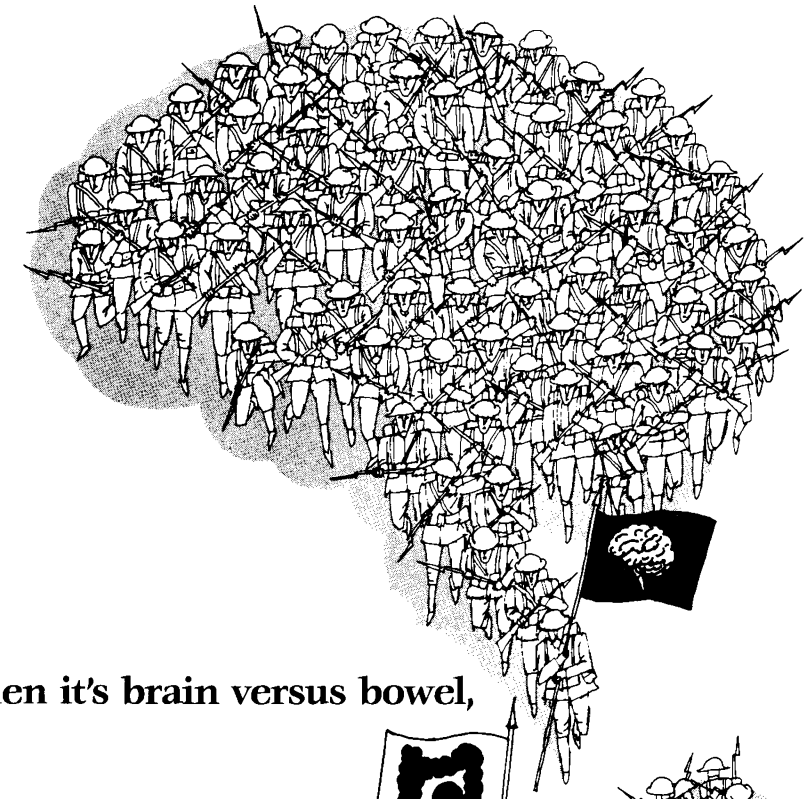
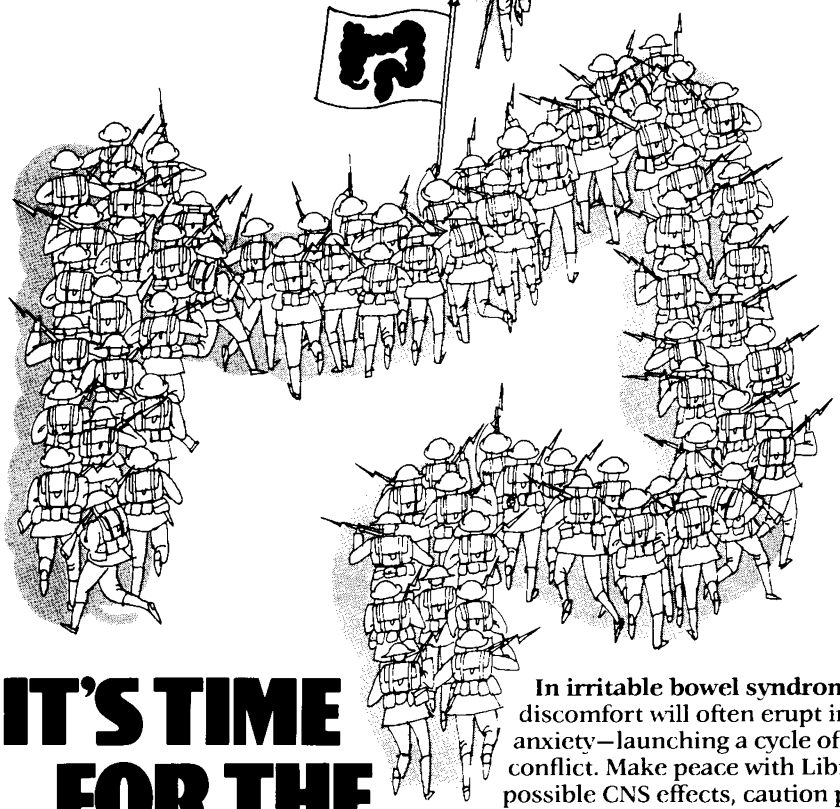


In IBS,* when it's brain versus bowel,



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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

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Please see summary of prescribing information on adjacent page.

CONTINUING MEDICAL EDUCATION

(Continued from Page 406)

April 25-28—**Structural and Chemical Basis for Cell Function.** Annenberg Center for Health Sciences at Eisenhower. Tues-Fri. Contact: ACHS, 39000 Bob Hope Drive, Rancho Mirage 92270.

May 6-7—**Gastroenterology Update.** UCI. Sat-Sun. Contact: UCI.

May 6-13—**Internal Medicine.** STAN at Mauna Kea Beach Hotel, Hawaii. Sun-Fri. 25 hrs. $540. Contact: STAN.

May 21—**The California Tumor Tissue Registry's Semi-Annual Slide Seminar on Skin and Skin Appendage Tumors.** Sat. Contact: CTTR, 1200 N State St, Box 40, Los Angeles 90033. (213) 226-4614.

June 12-16—**Advances in Internal Medicine.** UCSF at Hyatt Regency Hotel, San Francisco. Mon-Fri. 32 hrs. $440. Contact: UCSF.

June 14-16—**Gastroenterology: Recent Developments in Theory and Practice.** UCSF at Hyatt Union Square. Wed-Fri. 17 hrs. $375. Contact: UCSF.

June 26-30—**Advances in Internal Medicine.** UCSF at Hyatt Regency Hotel, San Francisco. Mon-Fri. 32 hrs. $440. Contact: UCSF.

September 4-5—**International Conference on Thyroid Metabolism.** UCI at Queen Mary Hotel, Long Beach. Mon-Tues. Contact: UCI.

October 16-18—**International Symposium on Medical Virology.** UCI at Ramada Renaissance Hotel, San Francisco. Mon-Wed. Contact: Luis M. de la Maza, MD, 101 City Dr South, Orange 92668. (714) 634-6868.

October 21—**Fine Needle Aspiration Tutorial.** UCSF at San Francisco. Sat. $550. Contact: UCSF.

OB/GYN

June 22-24—**Basic and Advanced Colposcopy.** American College of Obstetricians and Gynecologists at San Francisco. Thurs-Sat. 16 hrs. $600. Contact: ACOG Registrar, 409 12th St, SW, Washington, DC 20024-2180. (202) 863-2541.

June 30-July 4—**7th Annual Controversies in OB/GYN.** UCI at Mauna Kea, Hawaii. Fri-Tues. Contact: UCI.

July 29-August 8—**Update in Urogynecology.** UCI at Hawaii. 1 week/2 days. Contact: UCI.

OPHTHALMOLOGY

August 25-27—**Regional Update Course in Ophthalmology: Section 1 of 3.** American Academy of Ophthalmology at Los Angeles. Fri-Sun. Contact: Gary Holland, MD, Jules Stein Institute. (213) 825-9508.

PEDIATRICS

April 14-16—**2nd Annual Pediatrics in Progress.** American Academy of Pediatrics at Las Vegas. Fri-Sun. 18 hrs. Contact: American Academy of Pediatrics, Dept of Education, PO Box 927, Elk Grove Village, IL 60009-0927. (800) 433-9016 ext 7657.

April 15—**New Information on Old Exanthems.** Los Angeles Pediatric Society at Childrens Hospital, Los Angeles. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

April 15—**Immunizations: Current and Future Vaccines.** Los Angeles Pediatric Society at Childrens Hospital, Los Angeles. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

April 15—**Menstrual Problems in Adolescents.** Los Angeles Pediatric Society at Childrens Hospital, Los Angeles. Sat. Contact: Eve Black, Los Angeles Pediatric Society, PO Box 2022, Inglewood 90305. (213) 757-1198.

(Continued on Page 409)

In Hypertension
Everything you wan

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This fixed-dose combination is not indicated for initial therapy. Patients already receiving a diuretic when enalapril is initiated or given a diuretic and enalapril simultaneously can develop symptomatic hypotension. In the initial titration of the individual entities, it is important, if possible, to stop the diuretic for several days before starting enalapril or, if this is not possible, to begin enalapril at a low initial dose (2.5 mg; see DOSAGE AND ADMINISTRATION). This fixed-dose combination is not suitable for titration but may be substituted for the individual components if the titrated doses are the same as those in the combination.

VASERETIC, containing 10 mg enalapril maleate and 25 mg hydrochlorothiazide, is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor. Because of the hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

Evaluation of the hypertensive patient should always include assessment of renal function.

For a Brief Summary of Prescribing Information, please see last page of this advertisement.

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INHIBITION

Once-A-Day Vaseretic®

(Enalapril Maleate-Hydrochlorothiazide|MSD)

This fixed-dose combination is not indicated for initial therapy. Patients already receiving a diuretic when enalapril is initiated or given a diuretic and enalapril simultaneously can develop symptomatic hypotension. In the initial titration of the individual entities, it is important, if possible, to stop the diuretic for several days before starting enalapril or, if this is not possible, to begin enalapril at a low initial dose (see DOSAGE AND ADMINISTRATION in complete Prescribing Information). This fixed-dose combination is not suitable for titration but may be substituted for the individual components if the titrated doses are the same as those in the combination.

CONTRAINDICATIONS: VASERETIC is contraindicated in patients who are hypersensitive to any component of this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor. Because of the hydrochlorothiazide (HCTZ) component, this product is contraindicated in patients with anuria or hypersensitivity to other sulfonamide-derived drugs.

WARNINGS: ***Hypotension:*** Excessive hypotension was rarely seen in uncomplicated hypertensive patients but is a possible consequence of enalapril use in severely salt/volume-depleted persons, such as those treated vigorously with diuretics or patients on dialysis. Syncope has been reported in 1.3% of patients receiving VASERETIC and in 0.5% of patients receiving enalapril alone. The overall incidence of syncope may be reduced by proper titration of the individual components (see PRECAUTIONS, *Drug Interactions*; ADVERSE REACTIONS; and DOSAGE AND ADMINISTRATION in complete Prescribing Information). In patients with severe congestive heart failure, with or without associated renal insufficiency, excessive hypotension has been observed and may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death. Because of the potential fall in blood pressure in these patients, therapy should be started under very close medical supervision. Such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart or cerebrovascular disease, in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident.

If hypotension occurs, the patient should be placed in a supine position and, if necessary, should receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses which usually can be given without difficulty once the blood pressure has increased after volume expansion.

Angioedema: Angioedema of the face, extremities, lips, tongue, glottis, and/or larynx has been reported in patients treated with ACE inhibitors, including enalapril. In such cases, VASERETIC should be promptly discontinued and the patient should be carefully observed until the swelling disappears. In instances where swelling has been confined to the face and lips, the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL), should be promptly administered** (see ADVERSE REACTIONS).

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Foreign marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Hydrochlorothiazide: Thiazides should be used with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. The possibility of exacerbation or activation of systemic lupus erythematosus has been reported. Lithium generally should not be given with thiazides (see PRECAUTIONS, *Drug Interactions: Hydrochlorothiazide*).

PRECAUTIONS: General: ***Enalapril Maleate:*** *Impaired Renal Function:* As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe congestive heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including enalapril, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in BUN and serum creatinine were observed in 20% of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy. Some hypertensive patients with no apparent preexisting renal vascular disease have developed increases in BUN and serum creatinine, usually minor and transient, especially when enalapril has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction of enalapril and/or discontinuation of the diuretic may be required. **Evaluation of the hypertensive patient should always include assessment of renal function.**

Hyperkalemia: Elevated serum potassium (>5.7 mEq/L) was observed in approximately 1% of hypertensive patients treated with enalapril alone in clinical trials. In most cases these were isolated values which resolved despite continued therapy, although hyperkalemia was a cause of discontinuation of therapy in 0.28% of hypertensive patients. Hyperkalemia was less frequent (approximately 0.1%) in patients treated with enalapril plus HCTZ. Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with enalapril (see *Drug Interactions*).

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Hydrochlorothiazide: Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance: hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Warning signs or symptoms of fluid and electrolyte imbalance, irrespective of cause, include dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting.

Hypokalemia may develop, especially with brisk diuresis, when severe cirrhosis is present or after prolonged therapy. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may cause cardiac arrhythmia and may also sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability). Because enalapril reduces the production of aldosterone, concomitant therapy with enalapril attenuates the diuretic-induced potassium loss (see *Drug Interactions: Agents Increasing Serum Potassium*).

Although any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease), chloride replacement may be required in the treatment of metabolic alkalosis. Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than administration of salt except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice. Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy. In diabetic patients, dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus, latent diabetes mellitus may become manifest during thiazide therapy. The antihypertensive effects of the drug may be enhanced in the postsympathectomy patient. If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy. Thiazides have been shown to increase the urinary excretion of magnesium; this may result in hypomagnesemia. Thiazides may decrease urinary calcium excretion. Thiazides may cause intermittent and slight elevation of serum calcium in the absence of known disorders of calcium metabolism. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before carrying out tests for parathyroid function. Increases in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

Information for Patients: *Angioedema:* Angioedema, including laryngeal edema, may occur, especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue and/or difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness, especially during the first few days of therapy. If actual syncope occurs, patients should be told to discontinue the drug until they have consulted with the prescribing physician. All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion, such as vomiting or diarrhea, may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with VASERETIC is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions: ***Enalapril Maleate:*** *Hypotension—Patients on Diuretic Therapy:* Patients on diuretics, and especially those in whom diuretic therapy was recently instituted, may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to enalapril treatment. If it is necessary to continue the diuretic, provide medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour (see WARNINGS and DOSAGE AND ADMINISTRATION). *Agents Causing Renin Release:* The antihypertensive effect of enalapril is augmented by antihypertensive agents that cause renin release (e.g., diuretics). *Other Cardiovascular Agents:* Enalapril has been used concomitantly with beta-adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine, and prazosin without evidence of clinically significant adverse interactions. *Agents Increasing Serum Potassium:* Enalapril attenuates diuretic-induced potassium loss. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia, they should be used with caution and with frequent monitoring of serum potassium. *Lithium:* See WARNINGS, *Hydrochlorothiazide*; and PRECAUTIONS, *Drug Interactions: Hydrochlorothiazide*.

Hydrochlorothiazide: When administered concurrently, the following drugs may interact with thiazide diuretics: *Alcohol, barbiturates, or narcotics*—potentiation of orthostatic hypotension may occur. *Antidiabetic drugs (oral agents and insulin)*—dosage adjustment of the antidiabetic drug may be required. *Other antihypertensive drugs*—additive effect or potentiation. *Corticosteroids, ACTH*—intensified electrolyte depletion, particularly hypokalemia. *Pressor amines (e.g., norepinephrine)*—possible decreased response to pressor amines but not sufficient to preclude their use. *Skeletal muscle relaxants, nondepolarizing (e.g., tubocurarine)*—possible increased responsiveness to the muscle relaxant. *Lithium*—should not generally be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. Refer to the package insert for lithium preparations before use of such preparations with VASERETIC. *Nonsteroidal anti-inflammatory drugs*—In some patients, the administration of a nonsteroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing, and thiazide diuretics. Therefore, when VASERETIC and nonsteroidal anti-inflammatory agents are used concomitantly, the patient should be observed closely to determine if the desired effect of the diuretic is obtained.

Pregnancy: ***Enalapril Maleate-Hydrochlorothiazide:*** *Pregnancy Category C.* There was no teratogenicity in rats given up to 90 mg/kg/day of enalapril (150 times the maximum human dose) in combination with 10 mg/kg/day of HCTZ (2-1/2 times the maximum human dose) or in mice given up to 30 mg/kg/day of enalapril (50 times the maximum human dose) in combination with 10 mg/kg/day of HCTZ (2-1/2 times the maximum human dose). At these doses, fetotoxicity expressed as a decrease in average fetal weight occurred in both species. No fetotoxicity occurred at lower doses: 30/10 mg/kg/day of enalapril-HCTZ in rats and 10/10 mg/kg/day of enalapril-HCTZ in mice.

There are no adequate and well-controlled studies in pregnant women. VASERETIC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Hydrochlorothiazide: Thiazides cross the placental barrier and appear in cord blood. *Nonteratogenic Effects:* These may include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

Nursing Mothers: It is not known whether enalapril is secreted in human milk; however, thiazides do appear in human milk. Milk of lactating rats contains radioactivity following administration of ^{14}C enalapril maleate. Because of the potential for serious reactions from HCTZ in nursing infants, a decision should be made whether to discontinue nursing or to discontinue VASERETIC, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: VASERETIC has been evaluated for safety in more than 1,500 patients, including more than 300 patients treated for one year or more. In clinical trials with VASERETIC, no adverse experiences peculiar to this combination drug have been observed. Adverse experiences that have occurred have been limited to those that have been previously reported with enalapril or HCTZ.

The most frequent clinical adverse experiences in controlled trials were dizziness (8.6%), headache (5.5%), fatigue (3.9%), and cough (3.5%). Generally, adverse experiences were mild and transient in nature. Adverse experiences occurring in >2% of patients treated with VASERETIC in controlled clinical trials were muscle cramps (2.7%), nausea (2.5%), asthenia (2.4%), orthostatic effects (2.3%), impotence (2.2%), and diarrhea (2.1%).

Clinical adverse experiences occurring in 0.5% to 2.0% of patients in controlled trials included: *Cardiovascular:* Syncope, orthostatic hypotension, palpitations, chest pain, tachycardia. *Gastrointestinal System:* Abdominal pain, vomiting, dyspepsia, constipation, flatulence, dry mouth. *Nervous System:* Insomnia, nervousness, paresthesia, somnolence, vertigo. *Other:* Dyspnea, gout, back pain, arthralgia, hyperhidrosis, pruritus, decreased libido, rash, tinnitus, urinary tract infection. *Angioedema:* Angioedema has been reported in patients receiving VASERETIC (0.6%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with VASERETIC should be discontinued and appropriate therapy should be instituted immediately (see WARNINGS). *Hypotension:* In clinical trials, adverse effects relating to hypotension occurred as follows: hypotension (0.9%), orthostatic hypotension (1.5%), other orthostatic effects (2.3%). In addition, syncope occurred in 1.3% of patients (see WARNINGS).

Clinical Laboratory Test Findings: *Serum Electrolytes:* See PRECAUTIONS. *Creatinine, BUN:* In controlled clinical trials, minor increases in BUN and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.6% of patients with essential hypertension treated with VASERETIC. More marked increases have been reported in other enalapril experience. Increases are more likely to occur in patients with renal artery stenosis (see PRECAUTIONS). *Serum Uric Acid, Glucose, Magnesium, and Calcium:* See PRECAUTIONS. *Hemoglobin and Hematocrit:* Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g% and 1.0 vol%, respectively) occur frequently in hypertensive patients treated with VASERETIC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1% of patients discontinued therapy due to anemia. *Other (Causal Relationship Unknown):* Rarely, elevations of liver enzymes and/or serum bilirubin have occurred.

Other adverse reactions that have been reported with the individual components are listed below and, within each category, are in order of decreasing severity. *Enalapril Maleate*—Enalapril has been evaluated for safety in more than 10,000 patients. In clinical trials, adverse reactions which occurred with enalapril were also seen with VASERETIC. However, since enalapril has been marketed, the following adverse reactions have been reported: *Cardiovascular:* Myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high-risk patients (see WARNINGS, *Hypotension*). *Gastrointestinal System:* Ileus, pancreatitis, hepatitis or cholestatic jaundice. *Hematologic:* Rare cases of neutropenia, thrombocytopenia, and bone marrow depression have been reported in which a causal relationship to enalapril cannot be excluded. *Nervous System/Psychiatric:* Depression, confusion. *Renal:* Renal failure, oliguria, renal dysfunction (see PRECAUTIONS and DOSAGE AND ADMINISTRATION). *Respiratory:* Bronchospasm, rhinorrhea. *Other:* Photosensitivity, alopecia, flushing, taste alteration, glossitis. A symptom complex has been reported which may include fever, myalgia, and arthralgia; an elevated erythrocyte sedimentation rate may be present. Rash or other dermatologic manifestations may occur. These symptoms have disappeared after discontinuation of therapy. *Hydrochlorothiazide—Body as a Whole:* Weakness. *Digestive:* Pancreatitis, jaundice (intrahepatic cholestatic jaundice), sialadenitis, cramping, gastric irritation, anorexia. *Hematologic:* Aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, thrombocytopenia. *Hypersensitivity:* Purpura, photosensitivity, urticaria, necrotizing angiitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions. *Musculoskeletal:* Muscle spasm. *Nervous System/Psychiatric:* Restlessness. *Renal:* Renal failure, renal dysfunction, interstitial nephritis (see WARNINGS). *Special Senses:* Transient blurred vision, xanthopsia.

HOW SUPPLIED: No. 3418—Tablets VASERETIC 10-25 are rust, squared capsule-shaped, compressed tablets, coded MSD 720 on one side and VASERETIC on the other. Each tablet contains 10 mg enalapril maleate and 25 mg hydrochlorothiazide. They are supplied as follows: NDC 0006-0720-68 bottles of 100 (with desiccant).

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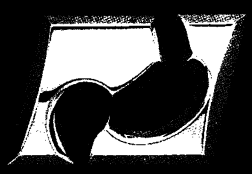

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CLASSIFIED ADVERTISEMENTS
THE WESTERN JOURNAL OF MEDICINE
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PHYSICIANS WANTED

FAMILY PRACTITIONER, JUNEAU, ALASKA. Busy four physician Family Practice group (including OB) seeks replacement for partner departing fall 1988. Located in Alaska's capital city in the Tongass National Forest, offering year 'round recreation including skiing, boating, and hiking. Guaranteed salary with excellent fringe benefits and opportunity for partnership within one year. Send CV to Sarah A. Isto, MD, Valley Medical Care, Inc, 9309 Glacier Hwy, B-301, Juneau, AK 99801; (907) 789-3181.

SAN FRANCISCO. Outstanding opportunity for BC/BE Internist, Family Practitioner, OB/GYN, Oncologist, or Infectious Disease Specialist at 260-bed community hospital in the rapidly growing South of Market area. Excellent opportunity to build or join busy practices. Competitive salary and benefits package. Send CV to Walter Kopp, St Luke's Hospital, 3555 Army St, San Francisco, CA 94110; (415) 641-6543.

CALIFORNIA, NORTHERN. A stable group of four ABEM certified/eligible MDs at coastal hospital of 24,000 patient visits would like two new associates. Income $60-$75 per hour. Will consider Family Practice but prefer Emergency Department trained Emergency Physician. Coastal paradise near redwood national parks, minutes from Klammath, Rouge, and Smith Rivers. Video tape of area available. Send CV to EPMG, 120 Montgomery St, Ste 1825, San Francisco, CA 94104.

EUGENE CLINIC, EUGENE, OREGON

Dynamic 55 physician multispecialty group with seven locations seeks BC/BE physicians in the following specialties: Dermatology, Family Practice, Geriatrics, Infectious Diseases, General Internal Medicine, Neurology, General Surgery (breast disease focus), OB/GYN. Eugene, attractive university town within 60 mile radius of Cascade Mountains and Oregon coast, offers superlative life-style, fine school system, active and varied cultural opportunities, and unlimited recreation. Qualified candidates send CV and three letters of reference to:

Dr Larry W. Hirons, Medical Director
1162 Willamette St
Eugene, OR 97401

OREGON COAST. BC/BE Family Practice Physician to join four Family Practitioners in multispecialty group. Full spectrum of Family Practice, optional OB. New clinic near hospital. Contact Mrs Jackie Crowder, 1900 Woodland Dr, Coos Bay, OR 97420; (503) 267-5151, ext 294, or 1 (800) 234-1231.

URGENT — FAMILY PRACTICE / GENERAL PRACTICE Physicians needed for excellent solo and group opportunities across the U.S. For information, call (602) 990-8080; or send CV in confidence to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

NORTH IDAHO. Family Physician needed to join four physician group. College and two state universities within the locality. Area provides abundant outdoor recreational opportunities. Send CV to Clearwater Medical Clinic, 1522 17th St, Lewiston, ID 83501.

SAN FRANCISCO BAY AREA. Full-time career Emergency Physician wanted for a high volume Emergency Department, 30 minutes south of San Francisco. Emergency Medicine BC/BE mandatory; prefer experienced. Congenial, democratic group of 20 full-time physicians doing some follow-up and minimal overnights. Competitive salary with excellent benefits including three-five weeks paid vacation; seven paid holidays; malpractice, medical, dental and disability insurance; corporate shareholder in three years. Send CV or contact Drew Baker, MD, Kaiser Permanente Medical Center, 27400 Hesperian Blvd, Hayward, CA 94545; (415) 784-4521.

ARIZONA-BASED PHYSICIAN recruiting firm has opportunities coast-to-coast. "Quality Physicians for Quality Clients since 1972." Call (602) 990-8080; or send CV to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252.

NEUROLOGIST. Medical-legal evaluations for traumatic injury patients. California license required. Lucrative fee-for-service with high growth potential. Contact Director, PO Box 14046, San Francisco, CA 94114.

ORTHOPEDIST. One day per week. Medical-legal evaluations for traumatic injury patients. No surgery. California license required. Lucrative fee-for-service with high growth potential and guaranteed base. Contact Director, PO Box 14046, San Francisco, CA 94114.

PHYSICIANS WANTED

DAR & Associates

Executive Physician Search

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Unlike other search firms, DAR & Associates' physician recruiters specialize in physician placements exclusively.

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Beverly Hills, CA 90211
(213) 277-7331
1 (800) 922-7PHY

EUGENE, OREGON. Family Physicians, BE/BC, sought to join growing 36 physician Family Practice/Internal Medicine group in Eugene and nearby rural Cottage Grove. OB optional. Excellent OB support available. Initial income guarantee with incentive. Partnership anticipated after two years. Outstanding schools. Abundant cultural and recreational opportunities. Please send CV or call Rob Daugherty, MD, Oregon Medical Group, 78-A Centennial Loop, Eugene, OR 97401; (503) 688-9140.

CARDIOLOGIST, NONINVASIVE OR INVASIVE. BC/BE to join busy solo Invasive Cardiologist in San Jose, California. Excellent benefits and early partnership opportunity for motivated Cardiologist. Expertise required in echo Doppler, stress testing, Swan-Ganz, and pacemaker insertion. San Jose is located 50 miles south of San Francisco, close to numerous cultural and recreational opportunities. Please send CV to Number 136, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

VENTURA (VENTURA COUNTY). Multispecialty group of 42 physicians has an opening for a BC/BE Internist/Pulmonologist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Internist/Pulmonologist, 2705 Loma Vista Rd, Ventura, CA 93003.

(Continued on Page 490)

(Continued from Page 489)

PHYSICIANS WANTED

Western States OPENINGS

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to:
Western States Physician Services,
5414 E. Montecito, Fresno, CA 93727.
Or call (209) 252-3047.

PULMONOLOGIST. Pulmonologist wanted as associate in very busy Pulmonary/Critical Care practice in Kern County, California. Practice is 100 percent Pulmonary/Critical Care and includes pulmonary consultation, pulmonary physiology laboratory, pulmonary rehabilitation, respiratory care, state-of-the-art sleep lab available. Excellent opportunity for BC/BE Pulmonologist looking for potential partnership. Those interested please send CV and inquiries to Dale T. Herriott, MD, Inc, 2525 Eye St, Ste 2B, Bakersfield, CA 93301.

WE HAVE FULL- AND PART-TIME LOCUM TENENS opportunities available in all specialties with guaranteed incomes and paid malpractice. For more information, contact John Smith, Locum Tenens, Inc (A Division of Jackson and Coker), 400 Perimeter Center Terrace, Ste 760 WJM9, Atlanta, GA 30346; telephone 1 (800) 544-1987.

BC/BE GENERAL INTERNISTS needed for multispecialty group in Sacramento, California. We are an established Department of Medicine with close university affiliation. Pleasant practice setting where physicians are free to practice the highest quality medicine with full access to diagnostic, therapeutic, and consultative services. Our patients are from a growing Sacramento community with a good cost of living. Our hospital provides a substantial part of University of California Davis residency training program. Excellent in-house continuing medical education program. We are a successful, stable medical group experiencing robust growth. Outstanding starting salary and advancement. Full benefits and retirement. This is a quality career opportunity. Please call Dennis Ostrem, MD, Chief of Medicine, The Permanente Medical Group, Inc, (916) 973-5781 or send CV to Dennis Ostrem, MD, 2025 Morse Ave, Sacramento, CA 95825.

BC/BE INTERNIST. In northern California wine country. Join two man group in private practice of Internal Medicine. Subspecialty interest OK. Reply to Number 138, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

SAN FRANCISCO BAY AREA

BE/BC Internist. We currently are seeking highly qualified Internists to complement our energetic Internal Medicine team. Department members provide a full range of medical services for a population of over 200,000 prepaid Health Plan members. Recently renovated and expanded medical center facilities are within convenient commuting distance to virtually any bay area city and the extensive cultural and recreational activities of northern California. As part of our large, multispecialty group practice, you would enjoy an excellent salary, generous fringe benefits, a flexible schedule, and the opportunity for academic affiliation with prestigious local institutions. Send CV:

Winslow Wong, MD
Chief, Department of Internal Medicine
Kaiser Permanente Medical Center
27400 Hesperian Blvd
Hayward, CA 94545

PHYSICIANS WANTED

INTERNIST BE/BC to join growing practice in Tacoma, Washington. Practice is oriented to women's health issues. Women encouraged to apply. Send CV to PO Box 2122, Gig Harbor, WA 98335; (206) 858-8686 evenings.

NORTHERN CALIFORNIA. Family Practice opportunity with community health center. Modesto location. Salary plus incentive program. Spanish fluency desirable. Contact Michael Sullivan, Executive Director, Merced Family Health Centers, Inc, PO Box 858, Merced, CA 95341; (209) 383-1848.

SUN VALLEY, IDAHO. Diagnostic Radiologist for mountain resort hospitals needed to join one other. Experienced in General Diagnostic, Orthopedic, US and Doppler, NM, and CT. Contact R. Dennis Davis, MD, Box 242, Sun Valley, ID 83353, or phone (208) 622-3323, ext 165.

IDAHO. Opportunity for high quality of life, low cost of living in beautiful Idaho—sunbelt of the Pacific northwest. Join Family Practice teams at one of six multi-site community/migrant health centers providing primary care to rural communities. Outstanding four-season recreation, malpractice insurance paid, generous continuing education, competitive salary and benefits, loan repayment potential, and opportunity to provide OB services. Send résumé to Dean Hungerford, Idaho Primary Care Association, PO Box 6756, Boise, ID 83707; or call (208) 345-2335.

NEUROLOGIST BC/BE. Needed to join rapidly expanding multispecialty group practice in Reno, Nevada (population 350,000). Fee-for-service and pre-paid health care. EEG, EMG, and general Neurology practice with active clinic and hospital bases. Excellent compensation and benefits package including stock options, paid malpractice, and relocation expenses. Interested individuals should submit a CV in confidence to Southwest Medical Associates, PO Box 15645, Las Vegas, NV 89114-5645, Attn: Janet R. McGee, Manager, Physician Recruitment.

BC/BE FAMILY PRACTITIONER for nonprofit community clinic in redwood country. Prefer OB/Pediatrics training, but OB negotiable. C-sections optional. Quality care for underserved and more affluent in rural but sophisticated university town. Contact Donald Verwayen, Northcountry Clinic, 785 18th St, Arcata, CA 95521; (707) 822-2481.

INTERNIST, University trained, wanted to join three physician group in the heart of the beautiful coastal redwoods. Active, varied, quality practice in a friendly community far from the city's woes, yet one hour by plane from San Francisco. Send CV to Timm Edell, MD, 2773 Harris St, Eureka, CA 95501.

INTERNAL MEDICINE. BC female Internist with successful established practice in the San Gabriel Valley of southern California seeks BC/BE energetic, imaginative Internist as associate. No investment. Guaranteed salary plus. Send CV/letter to SGHS, PO Box 2114, San Gabriel, CA 91778.

FACULTY POSITIONS. The San Jose Medical Center Family Practice Residency Program has an opening for full-time and part-time faculty. Positions include direct patient care (including OB), resident teaching and administrative duties. Program affiliated with Stanford University School of Medicine. Competitive salary and benefit package. Please direct inquiries to Robert Norman, MD, Director, 25 N. 14th St, Ste 1020, San Jose, CA 95112; (408) 977-4507.

LARGE MULTISPECIALTY PRIVATE GROUP PRACTICE RECRUITING FAMILY PRACTITIONER. Must be BC/BE. Excellent opportunity for qualified physician in very desirable high growth area of southern California. Congenial staff, excellent working conditions, and fringe benefits. Salary negotiable. Submit CV to George W. Kanaly, PhD, President, Riverside Medical Clinic, 3660 Arlington Ave, Riverside, CA 92506.

PHYSICIANS WANTED

SAN FRANCISCO

The San Francisco General Hospital AIDS Activities Division of the Department of Medicine of the University of California, San Francisco, is seeking applicants at the Assistant Clinical Professor level. Applicants should have completed a residency in Internal Medicine, Family Practice, and be certified by the appropriate review Board. Additionally, applicants should have received post-residency training in Family Practice, General Internal Medicine, or in a specialty relevant to AIDS such as Medical Oncology, Infectious Disease, or Clinical Epidemiology. The individuals hired will be responsible for the care of AIDS patients, teaching on all levels, and are expected to participate actively in division research activities. Outpatient care is expected to be based in the SFGH AIDS Clinic. Inpatient care will be conducted at SFGH. Applicants should have demonstrated excellence in providing AIDS patient care and in medical teaching. Please submit current CV and three letters of reference to:

Paul Volberding, MD
Search Committee Chair
AIDS Activities Division
Building 80, Ward 84
San Francisco General Hospital
995 Potrero Ave
San Francisco, CA 94110

UCSF is an Equal Opportunity/Affirmative Action Employer.

FAMILY PRACTITIONERS AND INTERNISTS needed part-time for staffing ambulatory care clinic. Our clinic operates seven days a week during days and evenings and provides episodic care on a same-day basis. Our patients are from a growing Sacramento community with good cost of living. Physicians may choose to work one to 10 half-days or evenings per week with wide flexibility. Full benefits and retirement if working six or more half-days a week on a steady basis. We are a successful, stable medical group experiencing robust growth. Please call John Petitt, MD, (916) 973-5560 or send CV to John Petitt, MD, The Permanente Medical Group, Inc, 3240 Arden Way, Sacramento, CA 95825.

VENTURA (SOUTHERN CALIFORNIA). Multispecialty group of 42 physicians has a position available for a BC/BE Psychiatrist. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Psychiatrist, 2705 Loma Vista Rd, Ventura, CA 93003.

GENERAL INTERNIST. Well established HMO located in beautiful northern California wine country seeking General Internist. Excellent salary, benefits, security and ample time off. Please send CVs to Richard Zweig, MD, at 401 Bicentennial Way, Santa Rosa, CA 95403-2192.

FAMILY PRACTICE. California BC/BE Family Practice Physician sought by large medical group for a rural satellite location 15 miles from Sacramento. Competitive salary and benefits first year. For more information, please send current CV to Warren J. Boyer, Jr, MD, Marysville Medical Group, 800 Third St, Marysville, CA 95901.

RHEUMATOLOGIST. Immediate opening for BC/BE Rheumatologist with large prepaid group practice in San Francisco bay area. Busy clinical practice with opportunities for teaching and research. University appointment possible. Competitive salary. Generous benefit package. Respond with CV to Joseph Mason, MD, Chief, Department of Medicine, Permanente Medical Group, 260 International Cir, San Jose, CA 95119 or phone (408) 972-6560.

(Continued on Page 496)

HELPING TO ACHIEVE THE FOUR GOALS[1] OF ANTIHYPERTENSIVE THERAPY...

NEW

CARDIZEM® SR

(diltiazem HCl) sustained release capsules

For hypertension

Controls blood pressure[2-6]

Maintains well-being[2-6]

Helps prevent end-organ complications[7,8]

Helps reduce cardiovascular risks[2,5,9]

90 mg SR bid

0930A9

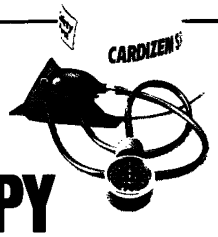
Please see brief summary of prescribing information on next page.

NEW

CARDIZEM® SR

(diltiazem HCl) sustained release capsules

For hypertension



EFFECTIVE MONOTHERAPY WITH HIGH PATIENT ACCEPTANCE

Starting Dosage:

Cardizem SR
90 mg

90 mg bid*

Also Available: 120-mg capsules

*Dosage must be adjusted to each patient's needs, starting with 60 to 120 mg twice daily.

BRIEF SUMMARY
CARDIZEM® SR
(diltiazem hydrochloride)
Sustained Release Capsules
CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by x-ray on admission.

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (nine of 2,111 patients or 0.43%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interaction. Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with any agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Dosages of similarly metabolized drugs, particularly those of low therapeutic ratio or in patients with renal and/or hepatic impairment, may require adjustment when starting or stopping concomitantly administered CARDIZEM to maintain optimum therapeutic blood levels.

Beta-blockers: Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.

Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1,200 mg per day and diltiazem 60 mg per day. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.

Digitalis: Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)

Anesthetics: The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The adverse events described below represent events observed in clinical studies of hypertensive patients receiving either CARDIZEM Tablets or CARDIZEM SR Capsules as well as experiences observed in studies of angina and during marketing. The most common events in hypertension studies are shown in a table with rates in placebo patients shown for comparison. Less common events are listed by body system; these include any adverse reactions seen in angina studies that were not observed in hypertension studies. In all hypertensive patients studied (over 900), the most common adverse events were edema (9%), headache (8%), dizziness (6%), asthenia (5%), sinus bradycardia (3%), flushing (3%), and 1° AV block (3%). Only edema and perhaps bradycardia and dizziness were dose related. The most common events observed in clinical studies (over 2,100 patients) of angina patients and hypertensive patients receiving CARDIZEM Tablets or CARDIZEM SR Capsules were (ie, greater than 1%) edema (5.4%), headache (4.5%), dizziness (3.4%), asthenia (2.8%), first-degree AV block (1.8%), flushing (1.7%), nausea (1.6%), bradycardia (1.5%), and rash (1.5%).

DOUBLE BLIND PLACEBO CONTROLLED HYPERTENSION TRIALS

Adverse	Diltiazem N=315 # pts (%)	Placebo N=211 # pts (%)
headache	38 (12%)	17 (8%)
AV block first degree	24 (7.6%)	4 (1.9%)
dizziness	22 (7%)	6 (2.8%)
edema	19 (6%)	2 (0.9%)
bradycardia	19 (6%)	3 (1.4%)
ECG abnormality	13 (4.1%)	3 (1.4%)
asthenia	10 (3.2%)	1 (0.5%)
constipation	5 (1.6%)	2 (0.9%)
dyspepsia	4 (1.3%)	1 (0.5%)
nausea	4 (1.3%)	2 (0.9%)
palpitations	4 (1.3%)	2 (0.9%)
polyuria	4 (1.3%)	2 (0.9%)
somnolence	4 (1.3%)	–
alk phos increase	3 (1%)	1 (0.5%)
hypotension	3 (1%)	1 (0.5%)
insomnia	3 (1%)	1 (0.5%)
rash	3 (1%)	1 (0.5%)
AV block second degree	2 (0.6%)	–

In addition, the following events were reported infrequently (less than 1%) or have been observed in angina trials. In many cases, the relation to drug is uncertain.

Cardiovascular: Angina, arrhythmia, bundle branch block, tachycardia, ventricular extrasystoles, congestive heart failure, syncope.
Nervous System: Amnesia, depression, gait abnormality, hallucinations, nervousness, paresthesia, personality change, tinnitus, tremor, abnormal dreams.
Gastrointestinal: Anorexia, diarrhea, dysgeusia, mild elevations of SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase, thirst.
Dermatological: Petechiae, pruritus, photosensitivity, urticaria.
Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, sexual difficulties, nasal congestion, nocturia, osteoarticular pain, impotence, dry mouth.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. Definitive cause and effect relationship between these events and CARDIZEM therapy cannot yet be established.

Issued 1/89

References: 1. Staessen J, Fagard R, Lignen P, et al: *Pract Cardiol* 1986;12(5):55-65. 2. Massie B, MacCarthy EP, Ramanathan KB, et al: *Ann Intern Med* 1987;107(2):150-157. 3. Weir MR, Josselson J, Giard MJ, et al: *Am J Cardiol* 1987;60:36I-41I. 4. Frishman WH, Zawada ET Jr, Smith LK, et al: *Am J Cardiol* 1987;59:615-623. 5. Pool PE, Seagren SC, Salel AF: *Am J Cardiol* 1985;56:86H-91H. 6. Pool PE, Seagren SC, Salel AF: *Cardiol Board Rev* 1986;3(10):77-91. 7. Sunderrajan S, Reams G, Bauer JH: *Hypertension* 1986;8:238-242. 8. Amodeo C, Kobrin I, Ventura HO, et al: *Circulation* 1986;73(1):108-113. 9. Schulte K-L, Meyer-Sabellek WA, Haertenberger A, et al: *Hypertension* 1986;8:859-865.

Another patient benefit product from

MARION PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

CSRAD706
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STOP LESIONS FROM SURFACING

An alarming rise in the incidence of genital herpes points to the need for better disease treatment. Fortunately, long-term maintenance therapy with ZOVIRAX® can help keep herpes patients lesion-free. In controlled studies of 4 to 6 months' duration, recurrences were totally prevented in up to 75% of patients. And during two years of clinical use, daily therapy has been shown to be generally well tolerated.[1] One capsule TID...the best way to stop lesions from surfacing.

Reference: 1. Data on file, Burroughs Wellcome Co.

ZOVIRAX®
(acyclovir) capsules

Keeps herpes patients lesion-free longer

Please see brief summary of prescribing information on next page.

IMPROVING LIVES THROUGH ANTIVIRAL RESEARCH

Burroughs Wellcome Co.,
Research Triangle Park,
North Carolina 27709

ZOVIRAX®
(acyclovir) capsules

Daily therapy helps keep patients lesion-free longer*

Brief Summary

INDICATIONS AND USAGE: Zovirax Capsules are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes, and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psycho-social difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus Zovirax Capsules are not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit/risk consideration in specific disease categories:

First Episodes (primary and nonprimary infections – commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or inability to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

Recurrent Episodes:

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that Zovirax Capsules given for 4 to 6 months prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients. Clinical recurrences were prevented in 40 to 75% of patients. Some patients experienced increased severity of the first episode following cessation of therapy; the severity of subsequent episodes and the effect on the natural history of the disease are still under study.

The safety and efficacy of orally administered acyclovir in the suppression of frequent episodes of genital herpes have been established only for up to 6 months. Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, Zovirax Capsules should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the human relevance of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given very high doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients and only for six months until the results of ongoing studies allow a more precise evaluation of the benefit/risk assessment of prolonged therapy.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

CONTRAINDICATIONS: Zovirax Capsules are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulation.

WARNINGS: Zovirax Capsules are intended for oral ingestion only.

PRECAUTIONS: General: Zovirax has caused decreased spermatogenesis at high doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS – Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage and length of treatment should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex virus to acyclovir and clinical response to therapy has yet to be established (see CLINICAL PHARMACOLOGY – Microbiology).

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

Drug Interactions: Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of 50, 150 and 450 mg/kg given by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. In 2 *in vitro* cell transformation assays, used to provide preliminary assessment of potential oncogenicity in advance of these more definitive life-time bioassays in rodents, conflicting results were obtained. Acyclovir was positive at the highest dose used in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative in another transformation system considered less sensitive.

In acute studies, there was an increase, not statistically significant, in the incidence of chromosomal damage at maximum tolerated parenteral doses of 100 mg/kg acyclovir in rats but not Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters. In addition, no activity was found after 5 days dosing in a dominant lethal study in mice. In 6 of 11 microbial and mammalian cell assays, no evidence of mutagenicity was observed. At 3 loci in a Chinese hamster ovary cell line, the results were inconclusive. In 2 mammalian cell assays (human lymphocytes and L5178Y mouse lymphoma cells *in vitro*), positive responses for mutagenicity and chromosomal damage occurred, but only at concentrations at least 400 times the acyclovir plasma levels achieved in man.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). At 50 mg/kg/day s.c. in the rat, there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficacy but no concomitant decrease in litter size at a dose of 50 mg/kg/day. No effect upon implantation efficiency was observed when the same dose was administered intravenously. In a rat peri- and postnatal study at 50 mg/kg/day s.c., there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the F_1 generation. Although not statistically significant, there was also a dose related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size. However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits, there were no drug-related reproductive effects.

Intraperitoneal doses of 320 or 80 mg/kg/day acyclovir given to rats for 1 and 6 months, respectively, caused testicular atrophy. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery of sperm production was evident 30 days postdose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. Testicles were normal in dogs given 50 mg/kg/day i.v. for one month.

Pregnancy: *Teratogenic Effects:* Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rabbit (50 mg/kg/day, s.c. and i.v.) or in standard tests in the rat (50 mg/kg/day, s.c.). In a non-standard test in rats, fetal abnormalities, such as head and tail anomalies, were observed following subcutaneous administration of acyclovir at very high doses associated with toxicity to the maternal rat. The clinical relevance of these findings is uncertain. There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in standard animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Zovirax is administered to a nursing woman. In nursing mothers, consideration should be given to not using acyclovir treatment or discontinuing breastfeeding.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS – Short-Term Administration: The most frequent adverse reactions reported during clinical trials of treatment with Zovirax Capsules were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments with Zovirax Capsules (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

Long-Term Administration: The most frequent adverse reactions reported in studies of daily therapy for 3 to 6 months were headache in 33 of 251 patients (13.1%), diarrhea in 22 of 251 (8.8%), nausea and/or vomiting in 20 of 251 (8.0%), vertigo in 9 of 251 (3.6%), and arthralgia in 9 of 251 (3.6%). Less frequent adverse reactions, each of which occurred in less than 3% of the 251 patients (see number of patients in parentheses), included skin rash (7), insomnia (4), fatigue (7), fever (4), palpitations (1), sore throat (2), superficial thrombophlebitis (1), muscle cramps (2), pars planitis (1), menstrual abnormality (4), acne (3), lymphadenopathy (2), irritability (1), accelerated hair loss (1), and depression (1).

DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 10 days (total 50 capsules).

Chronic suppressive therapy for recurrent disease: One 200 mg capsule 3 times daily for up to 6 months. Some patients may require more drug, up to one 200 mg capsule 5 times daily for up to 6 months.

Intermittent Therapy: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 5 days (total 25 capsules). Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

Patients With Acute or Chronic Renal Impairment: One 200 mg capsule every 12 hours is recommended for patients with creatinine clearance ≤10 ml/min/1.73 m^2.

HOW SUPPLIED: Zovirax Capsules (blue, opaque) containing 200 mg acyclovir and printed with "Wellcome ZOVIRAX 200" – Bottles of 100 (NDC-0081-0991-55), and unit dose pack of 100 (NDC-0081-0991-56).
Store at 15°-30°C (59°-86°F) and protect from light and moisture.

U.S. Patent No. 4199574

*In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.

IMPROVING LIVES THROUGH ANTIVIRAL RESEARCH

Burroughs Wellcome Co.,
Research Triangle Park,
North Carolina 27709

(Continued from Page 490)

NORTH CALIFORNIA BE/BC INTERNIST wanted to join busy solo practice part- or full-time in Sierra foothills. Send CV to Number 143, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

HEMATOLOGIST/ONCOLOGIST, WASHINGTON STATE BC/BE. Immediate opportunity to take over established practice within the Hematology/Oncology (three and one-half physician) Division of the Rockwood Clinic, a 60 member multispecialty group. Competitive salary and benefits leading to early shareholder status. Spokane (metropolitan population 350,000) offers affordable housing, excellent schools, cultural activities, and unlimited outdoor recreation. Send CV to Colleen Mooney, Recruitment Coordinator, Rockwood Clinic, TAF C-13, Spokane, WA 99220-4013; (509) 448-1304.

VENTURA (VENTURA COUNTY). Multispecialty group of 42 physicians has immediate positions available for two BC/BE Family Practitioners. Openings are available in each of our offices, located in Ventura, Camarillo, and Oxnard. This growth oriented group is located on the California coast, 60 miles north of Los Angeles. Guaranteed salary plus incentives. Excellent benefits. City is a great place to raise a family in a clean environment. Send résumés to Recruitment, Family Practitioner, 2705 Loma Vista Rd, Ventura, CA 93003.

THIRD GASTROENTEROLOGIST for HMO in northern California wine country. Excellent salary, fringe benefits and life-style. Contact Richard Permutt, MD, 401 Bicentennial Way, Santa Rosa, CA 95403.

INTERNAL MEDICINE. San Francisco bay area—immediate opening for BC/BE General Internist in large prepaid group practice. Busy outpatient and hospital practice. Medical housestaff program. Opportunity for university appointment, teaching, and clinical research. Competitive salary. Generous fringe benefits including paid educational leave, vacation, insurance, retirement. Respond with CV to Joseph Mason, MD, Chief, Department of Medicine, The Permanente Medical Group, 260 International Cir, San Jose, CA 95119.

NEUROLOGIST
for Full-Time Position in San Francisco Bay Area

Nation's largest HMO Kaiser Permanente seeks BE/BC Neurologist for immediate opening. EEG experience necessary; EMG a plus. Resident teaching opportunities. Academic affiliations encouraged. Competitive compensation and outstanding benefits including paid vacation, continuing education, life/medical/dental insurance, professional liability, retirement plans and full shareholdership within three years with profit-sharing. Send CV to:

Joel Richmon, MD
Dept of Neurology
Kaiser Permanente Medical Center
280 W. MacArthur Blvd
Oakland, CA 94611
Phone: (415) 596-6511

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Enjoy a professional, challenging, growth opportunity with successful Internal Medicine private practice.

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INTERNIST to join three man group in Alaska's southernmost city, Ketchikan. Long established medical practice. Boating, sailing, hiking, and fishing and hunting in season. Guaranteed salary and excellent benefits. Send CV to Arthur Wilson, Jr, MD, Box 8678, Ketchikan, AK 99901; (907) 225-4104.

OBSTETRICIAN/GYNECOLOGIST, NEUROLOGIST, NEUROSURGEON for progressive multispecialty group of over 21 physicians within one and a half to three hours of the San Francisco bay area, Yosemite, and Lake Tahoe. Tracy, located in the San Joaquin Valley, has a diversified economy with excellent schools. Applicants must be BC/BE. Offering an excellent salary with an incentive arrangement and a competitive benefit package including malpractice insurance. Reply with CV and references to Physician Recruitment, Eaton Medical Group, 445 W. Eaton Ave, Tracy, CA 95376.

OCCUPATIONAL/FAMILY PRACTICE. The Pacific northwest's leading outpatient medical provider has opportunities for Primary Care Physicians to join an expanding 150 person medical group. Full/part-time openings throughout California and Seattle-Tacoma, Washington. Prior outpatient/occupational experience preferred. Attractive package includes competitive base salary plus incentive program, malpractice insurance, comprehensive benefits, 401(k) plan, vacation/sick/holiday/CME. Opportunity for advancement for energetic, hard-working physician committed to quality health care. Join our dynamic team of health care professionals. Contact Robin Smith, Director, Personnel, Readi-Care/CHEC, 446 Oakmead Pkwy, Sunnyvale, CA 94086; (408) 737-8531, (800) 237-3234.

GENERAL SURGEON BC for full-time staff of specialty oriented referral hospital of Indian health service. Competitive salary and generous fringe benefits, reply to E. K. Mehne, MD, Gallup Indian Medical Center, Gallup, NM 87301, or (505) 722-1000. EEO employer.

DERMATOLOGIST. Visalia Medical Clinic has an opening for a BC/BE Dermatologist now staffed by one physician who has been with the Clinic for 15 years. Located in the San Joaquin Valley in central California and population approximately 350,000. Progressive city of 62,000, near national parks and the ocean. Compensation is incentive oriented (first year guaranteed $70,000) with advancement to full partnership after one year. Excellent fringe benefits. If interested. CV to John G. Heinsohn, Administrator, 5400 W. Hillsdale, Visalia, CA 93291; (209) 733-5222.

OB/GYN NORTHERN CALIFORNIA. Position available for BE/BC OB/GYN in 10 person department with new LDR suite, family centered Obstetric practice as well as full Gynecology practice. 20 miles south of San Francisco, adjacent to large wooded areas, and easy access to ocean. Prepaid medical group with competitive salary and very generous benefit package. Send CV to Mary Ann Miner, MD, Chief, OB/GYN, Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EEO/AA.

WASHINGTON. Openings for career oriented Emergency Physicians, BE/BC in Emergency or Primary Medical specialty. In a Seattle metropolitan hospital with 48,000 annual visits. Excellent salary with partnership potential in stable, growing group. Contact Beth Welsh at Valley Medical Center, 400 S. 43rd St, Renton, WA 98055.

ORTHOPAEDIST
Southern California

Orthopaedic Surgeon (Board certified preferred) needed for lucrative, expanding medical practice in Los Angeles area specializing in Worker's Compensation. California license needed as of starting date.

Primarily office practice. Light elective surgical schedule can be limited to arthroscopies.

Virtually no call, evenings or weekends.

Excellent starting salary with possible partnership in less than one year.

Send letter and CV to:

Department WJO
8306 Wilshire Blvd, #7727
Beverly Hills, CA 90211

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PHYSICIANS WANTED

CALIFORNIA

Primary Care Physicians needed to work as *locum tenens* in northern California. Radiologists needed statewide. High salary, paid malpractice. Work whenever you like. Permanent placements as well.

Contact Carol Sweig, Director, (415) 673-7676 or (800) 437-7676. Western Physicians Registry, 710 Van Ness Ave, San Francisco, CA 94102.

FAMILY PRACTICE/SACRAMENTO. Due to continued growth, positions for Family Practice are now available at Kaiser Permanente Medical Center, south Sacramento. Our salary is very competitive and we have an outstanding retirement and benefits package. Your practice at Kaiser will allow insulation from the headaches and financial uncertainty of private office practice, while fostering your professional growth at a first rate medical center. For further information, please contact Jack Berger, MD, Assistant Chief, Department of Medicine, Kaiser Permanente Medical Center, 6600 Bruceville Rd, Sacramento, CA 95823; or call (916) 686-2267.

WASHINGTON, CASCADE MOUNTAINS. Three physician Family Practice seeking fourth Family Practitioner. Challenging rural practice in recreational area 80 miles east of Seattle. Interest in Emergency Medicine necessary, OB optional. Ski areas, lakes, wilderness, and pleasant family oriented community. Contact Paul Schmitt, MD, 201 Alpha Way, Cle Elum, WA 98922; (509) 674-5331.

FAMILY PRACTITIONER. Multispecialty group located in San Luis Obispo, California on the central coast, seeking a BE/BC physician. Fringe benefits plus practice costs paid and immediate shareholder status. Submit your CV to Administration-Recruitment, San Luis Medical Clinic, 1235 Osos St, San Luis Obispo, CA 93401.

GENERAL INTERNIST, with or without subspecialty training, being sought to join busy seven member Internal Medicine practice in downtown Sacramento. One to two years of guaranteed salary to start. Contact Joshua Hoffman, MD, at (916) 733-5097, or send CV to 2801 K St, #520, Sacramento, CA 95816.

BC PHYSICIANS MANAGED CARE

Cost Care, the nation's leading health care cost management company, is seeking full- or part-time BC physicians to staff the Medical and Mental Health Services departments. Ideal candidates will have:

- Three to five years clinical experience in a managed care setting
- Utilization Review expertise
- Strong interpersonal skills

Send résumé/CV to:

Alan R. Greenfield, MD
VP Medical Services
Cost Care, Inc
17011 Beach Blvd, Ste 400
Huntington Beach, CA 92647

PHYSICIANS WANTED

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is again expanding and has positions available in the following areas for locum tenens or permanent employment:

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Pediatrics
Psychiatry
Urgent Care
Urology

To inquire, write:

Director of Medical Staff Personnel
Group Health Cooperative of Puget Sound
521 Wall St
Seattle, WA 98121

NORTHERN CALIFORNIA. The Permanente Medical Group, Inc, has immediate openings for BC/BE General Internists at the Roseville facility. University associated residency program. Competitive salary and comprehensive benefits package. 90 miles from San Francisco and Sierra skiing. California license required. Send CV to Tony Cantelmi, MD, The Permanente Medical Group, Inc, 1001 Riverside Blvd, Roseville, CA 95678.

NORTHWEST. Family Practice, Internal Medicine, OB/GYN private practices available now outside Portland, Seattle, and scenic communities in California, Idaho, Colorado, and Montana. Group or hospital sponsored. Specific details available. CV to Jean Erickson, Prosearch, 305 NE 102nd Ave, Portland, OR 97220-4199; (503) 256-4488.

MEDICAL ADMINISTRATOR (BILINGUAL) to supervise and coordinate activities of workers in the medical office. Will not be required to examine or treat patients, only provides information in the absence of the examining physician. Must have medical administrator or medical doctor. Salary $4,500 per month. Job site Los Angeles, California. Send this ad and résumé to Job # DH 0521, PO Box 9560, Sacramento, CA 95823-0560 not later than May 9, 1989.

SAN FRANCISCO BAY AREA. Family Physician or Internist wanted to join newly formed women physician group. Competitive salary with malpractice coverage, vacations and sick leave, and disability insurance. Send CV to Number 152, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

OB/GYN—IMMEDIATE OPPORTUNITIES for BC/BE physicians in northern California. Excellent salary compensations with benefits. Also private practice available in San Francisco area suburb. Please send CV or call Mary Frances Malone, Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.

GENERAL INTERNIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Norman Olson, Chief of Medicine, Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EOE/AA.

ONCOLOGIST BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Dr Norman Olson, Chief of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EOE/AA.

DIAGNOSTIC RADIOLOGIST. BC/BE Radiologist wanted to join two BC Radiologists in north Sacramento Valley. The practice is affiliated with two rural hospitals and a large multispecialty clinic. The practice includes ultrasound mammography, limited CT, and nuclear imaging. No MRI or interventional procedures. Competitive salary leading to partnership. Forward CV with references to Number 150, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

FAMILY PRACTICE AND INTERNAL MEDICINE opportunities available now—Montana Rockies new primary care clinic. Offers competitive income and the best outdoor recreation anywhere. Call (503) 256-4488, Prosearch, 305 NE 102, Portland, OR 97220.

INTERNIST BC/BE to join 35 year practice. Sherman Oaks. Good family area, early association, plus planned, limited night, weekend call. CV to Number 149, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

WANTED BC/BE PEDIATRICIANS

Nighttime pediatrics clinic. For information see article in *Contemporary Peds,* July 1987. Part-/full-time 20 to 40 hours per week. Salary negotiable. Inquire c/o

Jed Dunford
279 East 5900 South
Murray, UT 84107

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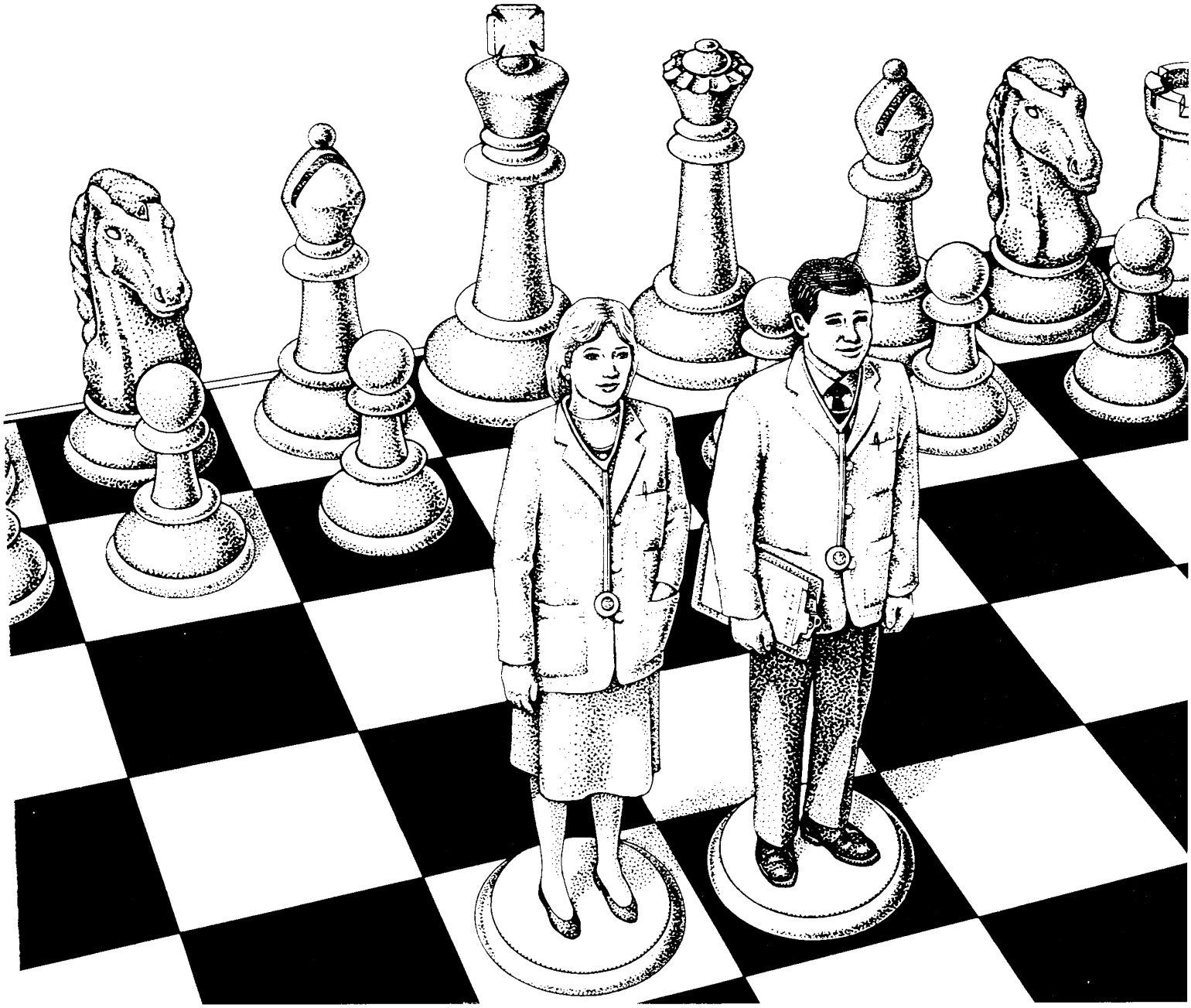

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PHYSICIANS WANTED

FAMILY PHYSICIAN—SAN DIEGO

Well-established (40 years) three Family Practitioner group seeks Family Practitioner to replace retiring associate. Attractive salary plus incentives. Possibility of partnership after two years. Well-rounded Family Practice—Pediatrics to Geriatrics. Send CV to **Gordon Lillie, MD, 7043 University Ave, La Mesa, CA 92041.**

STUDENT HEALTH PHYSICIAN. Excellent opportunity for BC Primary Care Physician to join 3 plus MD clinic providing quality ambulatory care at a desirable northern California university location. Full-time 11 month position. Part-time considered. Apply promptly with CV/cover letter to Sonoma State University, Student Health Center, Rohnert Park, CA 94928; (707) 664-2926 (voice), (707) 664-2751 (TDD). AA/EOE.

GENERAL PRACTICE. Busy medical center needs full-time physicians for urgent appointments. Significant evening and weekend hours. Abundant free time with no on-call responsibility. Excellent benefits and retirement program. Kaiser Permanente, Santa Teresa Hospital, 250 Hospital Parkway, San Jose, CA 95119; (408) 972-6428.

FAMILY PRACTICE, PUGET SOUND. 27 physician multispecialty group is seeking Family Practitioner. Our facility has in-house lab and x-ray facilities and is conveniently located one block from Level III hospital. Attractive salary and benefits; partnership opportunity. Send CV to John Houser, Executive Director, c/o The Western Clinic, PO Box 5467, Tacoma, WA 98405.

IMMEDIATE OPENINGS for part-time or full-time Surgical House Officer positions. Must have California license and at least one year of general surgery training. Competitive hourly wage and malpractice insurance provided. Call Dr E. Tsoi at (415) 668-1000.

PULMONOLOGIST, BC/BE to join multispecialty group near San Francisco. Excellent fringe benefits. Send CV to Norman Olson, MD, Chief of Medicine, The Permanente Medical Group, 1150 Veterans Blvd, Redwood City, CA 94063. EOE/AA.

MONTEREY PENINSULA, CALIFORNIA. General Surgeon to join another surgeon in a multispecialty group. Guaranteed income arrangement leading to partnership. Busy, well established group practice. Excellent office, lab, x-ray department. Outstanding community hospital. Submit CV, availability date to Gerard Martin, MD, Central Medical Group, 505 Central Ave, Pacific Grove, CA 93950.

CIGNA

MEDICAL DIRECTOR

CIGNA Healthplan of northern California needs a Medical Director who has two plus years of utilization management or quality assurance experience and is BC in California. The successful candidate will be responsible for monitoring the quality and efficiency of our medical system, assisting with provider recruitment, and providing day to day management of all aspects of the medical operations portion of the Healthplan. For prompt consideration, please forward your résumé in confidence to:

Vice President and General Manager
CIGNA Healthplan of
Northern California
1999 Harrison St, Ste 1000
Oakland, CA 94612

PHYSICIANS WANTED

SAN DIEGO STATE UNIVERSITY STUDENT HEALTH SERVICES PHYSICIAN II

Ten month position. BC required. Family Practice strongly preferred. Salary range $5,488 to $6,642. EOE/AA/Title IX Employer. Interested candidates submit CV and letter to **Kevin Patrick, MD, Director, Student Health Services, San Diego State University, San Diego, CA 92182.**

FACULTY POSITION available July 1, 1989, in community-based University of Washington Family Practice residency in beautiful Pacific northwest. Responsibilities to include patient care, resident teaching and supervision, and limited program administration. Obstetrics required. Salary and benefits based on experience. Direct CV and inquiries to Philip D. Cleveland, MD, Director, Family Medicine Spokane, S. 510 Cowley, Spokane, WA 99202; (509) 624-2313.

FAMILY PRACTICE, CASHMERE, WASHINGTON for two MD office with call sharing by four MDs. Scenic location in fruit growing valley at east edge of Cascades and 10 miles west of Wenatchee. Highly rated schools, and recreation is tops. Edgar A. Meyer, MD, 303 Cottage Ave, Cashmere, WA 98815; (509) 782-1541.

WASHINGTON. General Internist BC/BE to join established Internist in satellite clinic 10 miles from main clinic across state line in Oregon. Main clinic is composed of 32 physician multispecialty group. Guaranteed income, plus excellent benefits. Send CV to Search Committee, Walla Walla Clinic, 55 W. Tietan, Walla Walla, WA 99362.

WASHINGTON. BC/BE Family Physician for a clinic-based immediate care center. The clinic is a 32 physician multispecialty group. Guaranteed income with excellent benefit package. Ideal opportunity for active practitioner who wants to slow down. Send CV to R. G. Caudill, MD, Walla Walla Clinic, 55 W. Tietan, Walla Walla, WA 99362.

INTERNAL MEDICINE. San Ysidro Health Center, a comprehensive multispecialty clinic in south San Diego County, seeks an Internist for full-time work. Competitive salary. Excellent benefits. Send résumé to Norma Diaz, 4004 Beyer Blvd, San Ysidro, CA 92073; (619) 428-4463, ext 361.

FAMILY PRACTITIONER. San Ysidro Health Center, a comprehensive multispecialty clinic in south San Diego County, seeks a Family Practitioner for full-time work. Competitive salary. Excellent benefits. Send résumé to Norma Diaz, 4004 Beyer Blvd, San Ysidro, CA 92073; (619) 428-4463, ext 361.

OREGON. General Internist (BC/BE) sought for busy practice. 10 member multispecialty group. Beautiful rural community. Send CV to Administrator, 420 E. Fifth St, McMinnville, OR 97128; (503) 472-6161.

FAMILY PRACTICE. Fantastic opportunity for the right physician! We operate six community health centers in central California. Currently we have two openings. One is for a fourth provider at our Wofford Heights Clinic located in a beautiful mountain lakeside resort. The second opening is in Frazier Park, a mountain resort area located one hour north of Los Angeles. Malpractice paid in full. This is a rare opportunity to combine a very attractive life-style with an excellent salary and benefit package. Call George Johnston, (805) 845-3731 for details or write Clinica Sierra Vista, PO Box 457, Lamont, CA 93241.

MEDICAL DIRECTOR. Community health clinic is seeking a Family Practice Physician to be responsible for the overall functioning of our medical program at our six clinics. Position is at our main clinic near Bakersfield in central California. Should be licensed to practice medicine in California and have proven clinical and administrative skills. Contact Stephen W. Schilling, Executive Director, Clinica Sierra Vista, PO Box 457, Lamont, CA 93241; (805) 845-3731.

PHYSICIANS WANTED

INTERNISTS

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Hospital-based internists immediately needed at prestigious 132-bed Redding Medical Center. Large open-heart surgery program. Practice limited to inpatient general med. Xlent benefits (CME, vacation), min. guarantee of $125,000 annual take-home pay, plus FFS incentives, paid malpractice, and hospital provides billing. Flexible rotating call schedule. Incredible opportunity!

Hospital lies in the shadow of Mt. Shasta. Great recreational and family area. Contact:

Gary L. Groves, MD
(714) 825-4401 in CA
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GERIATRICIAN/INTERNIST. We are seeking a BC Internist with Geriatric training or certification to join a group of two to practice Geriatric Medicine, actively participate in a university affiliated teaching program, and assist in program development. Competitive salary and excellent fringe benefits. Send CV to Gary Steinke, MD, Santa Clara Valley Medical Center, 751 S. Bascom Ave, San Jose, CA 95128.

SAN FRANCISCO BAY AREA. Large multispecialty, multi-facility group practice is seeking a BC/BE physician to join their expanding Occupational Medicine Department. Range of practice includes pre-employment physicals, diagnostic evaluations; treatment of on-the-job injuries. Competitive salary, excellent benefits and incentive plan, paid malpractice. Located in the South Bay which offers many cultural facilities, recreational activities, fine dining, outstanding scenery and climate, and easy access to San Francisco, Monterey, and the Sierra Nevada. For further information, please send CV or contact Maureen Forrester, Physician Recruitment, San Jose Medical Group, Inc, 45 S. 17th St, San Jose, CA 95112; (408) 282-7833.

INTERNIST. Live and work in the beautiful Sierra foothills. Four busy Internists are looking for fifth. Easy access to San Francisco bay area, Tahoe, great outdoors. Contact Bob Hartmann, MD, 815 Court St, #7, Jackson, CA 95642; (209) 223-3837.

NEAR STANFORD. Six Internists, all subspecialty trained and members of clinical faculty at Stanford, interested in an associate with subspecialty interest and training. Should be well grounded in Internal Medicine. Send CV to Dr Bigler, El Camino Internal Medical Group, 125 South Dr, Mountain View, CA 94040.

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PHYSICIANS WANTED

FAMILY PRACTICE/URGENT CARE—IMMEDIATE OPPORTUNITIES

for BC/BE physicians in northern and central California. Excellent salary compensations and benefits. Also private practices available in Sacramento, Modesto-Stockton area, and Contra Costa County. Please send CV or call **Mary Frances Malone, Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.**

WOMEN'S PRIMARY CARE GROUP FORMING. A group of women Primary Care Physicians is considering forming a new medical group in the South of Market area of San Francisco. This effort is being formed by women who want flexible schedules, to share a practice, and to work part time. St Luke's Hospital is helping to form this group. If interested, please call (415) 641-6543 or write Victoria Sweet, MD, c/o Walter Kopp, St Luke's Hospital, 3555 Army St, San Francisco, CA 94110.

LOS ANGELES COUNTY—FAMILY PHYSICIAN. There are now two attractive opportunities for Family Physicians in the Los Angeles area. Join a busy, five member group or select a salaried position in a small urgent care center. For more information, send your CV to Manager, Professional Relations, Humana Inc, Dept HH-4, 500 W. Main St, Louisville, KY 40201-1438, or call toll-free 1 (800) 626-1590.

BC/BE FAMILY PRACTICE PHYSICIAN wanted to join five physician multispecialty group (three Family Practitioners, one General Surgeon, and one Internist) in northern California. Two and a half hours from San Francisco, two hours from Lake Tahoe, one hour from Sacramento. Contact C. J. Shieh, MD, 225 Spruce St, Gridley, CA 95948; (916) 846-5655.

Department of Health Services
State of California

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Positions with the Department of Health Services exist statewide. Some of the responsibilities of the Medical Consultant I include: Specific case reviews to determine medical necessity and appropriateness of service, by health care providers, for Medi-Cal covered services. Provides input into development of policies on the administration of medical aspects affecting the Department's programs. Interfaces with provider groups, hospitals, quality assurance/utilization review committees, and medical societies to encourage the delivery of quality care to Medi-Cal patients.

MINIMUM QUALIFICATIONS

- Possession of the legal requirements for the practice of medicine in California as determined by the California Board of Medical Quality Assurance or the Board of Osteopathic Examiners, and
- One year of experience in the practice of medicine beyond the first year of residency training.

DESIRABLE QUALIFICATIONS

1. BC or BE.
2. Past or present participation in peer/utilization review.
3. Broad and recent experience in practice of medicine.

This examination will consist of a comprehensive qualifications appraisal interview.

HOW TO APPLY

State application forms (678) may be obtained from the State Personnel Board, the State Employment Development Department, or the Department of Health Services' office listed below.

The tentative final filing date for this exam is May 26, 1989. Completed applications and CVs and/or any questions should also be directed to this office:

Department of Health Services
Field Services Branch
714 P St, Room 1516, Sacramento, CA 95814
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PHYSICIANS WANTED

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for BC/BE physician in northern California. (1) Client is offering an excellent salary compensation and benefits. (2) Opportunity to own a private practice—desirable community close to San Francisco area. Please send CV or call **Mary Frances Malone, Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (415) 376-0762.**

SOUTHWEST UNITED STATES. Private practice opportunity to join seven very busy Orthopedic Surgeons. Completion of a spinal fellowship is mandatory. A highly competitive guaranteed income and benefit package will be provided. Contact Bob Suleski, 250 Regency Ct, Waukesha, WI 53186; 1 (800) 338-7107.

MONTEREY PENINSULA, CALIFORNIA. BC/BE General Internist to join four other Internists now in multispecialty group. Guaranteed income arrangement leading to partnership. Busy, well established clinic practice. Excellent office, lab, x-ray department. Outstanding community hospital. Submit CV, availability date to John D. Lord, MD, Central Medical Group, 505 Central Ave, Pacific Grove, CA 93950.

PRACTICES AVAILABLE

SAN DIEGO—INTERNAL—FAMILY—OB/GYN—PEDIATRIC AND OTHER SPECIALTY PRACTICES AVAILABLE. Long established—doctors retiring. Various prices—low down payments. Call CBI, the San Diego professional practice sales specialists, (619) 283-7009.

NORTHERN ARIZONA FAMILY PRACTICE FOR SALE. Well-established, solo practice. Share in call group. Purchase office building optional. Ideal location for family—good schools, university, plenty of outdoor activities. Kirk R. Stetson, MD, Flagstaff, Arizona; (602) 774-6671.

OPHTHALMOLOGY, SOUTHERN CALIFORNIA. 55 year old busy group practice for sale by last remaining solo Ophthalmologist, who is semi-retiring. Beautiful, clean coastal city is great place to raise family. Send CV with cover letter to Number 147, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

INTERNAL MEDICINE OR FAMILY PRACTICE. Established Internal Medicine practice (30 years). Opportunity to grow or slow down. Santa Cruz, California. Nicely decorated, spacious office, two blocks to hospital, lab and x-ray equipment. Reasonable terms. Retiring, will stay on to introduce. Available July 1989. Call or write Wm. R. Blade, MD, 1510 Seabright Ave, Santa Cruz, CA 95062; (408) 423-0963.

BEAUTIFUL NAPA VALLEY, CALIFORNIA. Solo Psychiatric practice. Good clientele. Potential for growth as desired. Physician retiring. Residence available. Call David Lucchesi, (707) 552-3831.

NAPA VALLEY—INTERNAL MEDICINE. Located one hour north of San Francisco. Established 30 years by physician who now wishes to retire. Excellent reputation and adjacent to hospital. 1,500 active patients. Staff can transfer and seller available for transition. Request detailed prospectus. Professional Practice Sales, (415) 665-8500.

SURGICAL PRACTICE FOR SALE. Torrance area. 35 years in same location (next door to Torrance Memorial Hospital). Terms negotiable. Call (213) 534-4744, or write to Number 151, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

PRACTICE AVAILABLE. General Surgery, southern California, ideal Orange County location, established 25 years. Adjacent 175 bed full service hospital, near university, Disneyland. Fully equipped office. Senior Surgeon retiring. BC or BE required. Send résumé to PO Box 2936, Anaheim, CA 92814; (714) 778-5908.

PRACTICES AVAILABLE

UTAH FAMILY PRACTICE. Rent or buy building. Symphony and college in town. Skiing, hunting, boating, fishing within 20 miles. Dean Flanders, MD, 2729 Taylor, Ogden, UT 84403.

NORTHERN CALIFORNIA INTERNAL MEDICINE practice for sale. Excellent area for work and recreation. Reply with CV to Number 144, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

GYNECOLOGIST, MONTEREY BAY, CALIFORNIA. Female Gynecologist seeks BC/BE OB/GYN to purchase OB/GYN practice of retiring associate and join her in beautiful coastal community. Ideal if ready to give up OB and work a shorter week. Reply to Number 148, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

CALIFORNIA MARIN COUNTY INTERNAL MEDICINE PRACTICE FOR SALE. Retiring/relocating physician offers desirable active practice. Located 30 minutes from San Francisco in one of the choicest areas. Revenue $200,000-$250,000. Bradshaw Associates, (415) 376-0762.

SOUTHERN CALIFORNIA. Family Practice, Internal Medicine, Industrial, OB/GYN, Dermatology, other specialties available now, doctors retiring. California Professional Practices, 1835 Orangewood Ave, Ste 323, Orange, CA 92668; (714) 978-6899.

NORTHERN CALIFORNIA FAMILY PRACTICE. Busy practice established eight years. Good income. Every fourth call. Full service hospital one and a half miles. OB optional. Computer billing, flex sig, colposcope, EKG, spirometer in office. PO Box 1356, Lakeport, CA 95453.

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MEDICAL PRACTICE OPPORTUNITIES

SANFORD ROSE ASSOCIATES provides physician search and placement services nationwide. Medical entities seeking staff enhancement, and physicians interested in exploring career opportunities, please call Patrice Purcell, (518) 458-2116.

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GEMSTAR/STARLYTE CHEMISTRY ANALYZER. Ideal for busy medical practice. Allows testing for 20 blood chemistries and drug level. Well maintained. Great buy for $12K or best offer. Call R. De Los Santos, MD, (707) 994-9466 or (707) 994-9468.

1985 IREX M-MODE AND 2-D SECTOR ULTRASOUND SCANNER for sale by private MD. 3.0 MHz and 5.0 MHz probes for cardiac, abdominal, and OB/GYN use. Fine image quality. Excellent condition. Call (206) 357-6689 (office) or (206) 535-5126 (home).

CARDIAC ULTRASOUND—M-mode, sector, Doppler, continuous wave-XL 1987 Series by Interspec. Perfect condition with Mitsubishi Printer. Cost $48,000. Sacrifice at $28,000. Call (209) 521-9661.

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GROWTH AREA OF SANTA CLARA VALLEY. New medical office space for lease in the growth area of Silicon Valley, Morgan Hill, California. Easy access, abundant parking, well located, generous tenant improvement allowances. Excellent patient referral sources. Contact Dr Jon Hatakeyama, (408) 779-7391.

MEDICAL/SURGICAL OFFICE FOR RENT. 900 square feet, three examination rooms, business office, doctor's private office with private entrance, reception area, laboratory, and bathroom. Masonry construction. Central heat and air. Adjacent to hospital. May be rented furnished or unfurnished. The medical and office furniture are also for sale. Reply to PO Box 5171, Modesto, CA 95352.

CONTINUING EDUCATION

ALLERGY ABROAD—ITALY
October 18-27, 1989

Practical course on diagnosis/management of common allergic disorders combined with tour staying in Padua, Florence, and Rome. 20 hours Category 1 CME. Contact Loretta Giacoletto, Washington University School of Medicine, (800) 325-9862.

FIFTEENTH ANNUAL
TUTORIALS IN THE TETONS
August 28-30, 1989, Grand Teton National Park, Moran, Wyoming

Fees: $290 for ACC members; $355 for non-members. 14 Category 1 credit hours; 13.25 Prescribed hours AAFP. For information, call **American College of Cardiology, (800) 253-4636; in Maryland, (301) 897-5400.**

SIXTH ANNUAL STRESS AND THE HEART
June 26-28, 1989, Grand Teton National Park, Moran, Wyoming

Fees: $290 for ACC members; $355 for non-members. 14 Category 1 credit hours; 13.75 Prescribed hours AAFP. For information, call

American College of Cardiology
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SITUATION WANTED

BC FAMILY PRACTITIONER available for locum tenens May through October 1989. Solid references. Likes OB and Pediatrics. Emergency Room Medical Director and clinical experience. New Mexico license. You will be pleased. T. Peterson, Box 4353, Taos, NM 87571; (505) 776-8421.

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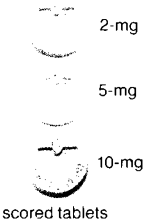

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